Falcon Foodservice Equipment

Near Miss / Dangerous Occurrence Investigation Report (OHF 9.4B)

Reference / Report No: .....

Date of Incident : .....

A. NOTICE OF INCIDENT

To be fully completed by the Manager / Supervisor at the time the incident is reported

Full Name of Person Reporting Incident : .....

Clock No: ..... Job Title: .....

To whom was the incident first reported : ..... Designation .....

B. INCIDENT DETAILS

1. Date incident happened ..... Time : _____

2. Exact Location of incident : .....

3. Task / Job being undertaken at time of incident : .....

4. Was anyone injured at the time? ..... YES / NO
   (if Yes please ensure you complete appropriate forms)

5. If incident caused by machinery or equipment state :

   a) Machine .....

   b) Plant No .....

   c) Component being made (Part No.) .....

   d) Give details of any defect or breakdown .....

6. Give the name(s) and clock number(s) of all the witnesses to the incident :

   Name : ..... Clock No: .....

   Name : ..... Clock No: .....

   (*Witness to be interviewed and statements recorded on separate sheet as soon as possible after the incident)*

11. Give full sketch details of the incident (**Please attach sketch or photograph.**).
Please attach all relevant witness statements and any other relevant documents.

12. Corrective Actions implemented to prevent similar reoccurrence ***(Attach all notes and reports)***

C. DOCUMENTS TO BE REVIEWED

The following documents must be reviewed as part of the incident investigation:

Document / Procedure	Ref No	Was Document Reviewed		
		Yes	No	N/A
Risk Assessment		☐	☐	☐
Safe Systems of Work		☐	☐	☐
Procedures in place relevant to incident or its effect on surrounding area		☐	☐	☐

D. Action Taken To Remove / Reduce The Risk Of This Incident Happening Again

E. INFORMATION / DOCUMENTS TO BE ATTACHED TO THIS REPORT

	Yes	N/A
Photographs / sketches of the incident	☐	☐
Witness statements (signed)	☐	☐
Risk Assessment	☐	☐
Safe Systems of Work (SSOW)	☐	☐
Training Records	☐	☐
Copy of any other procedures relevant to this incident	☐	☐

Person Completing form :

Name _____ Signature: _____ Date : _____.

Department Manager

Name _____ Signature: _____ Date : _____.