

# **Black Sluice Internal Drainage Board**

## **Policy No 42**

### **Near Miss Reporting Policy**

#### **1. INTRODUCTION**

A near miss is an unplanned event that did not result in injury, illness or damage but had the potential to do so. The purpose of this policy is to state who is responsible, and what they must do, in order to minimise any possible health and safety risks associated with near miss events.

#### **2. RESPONSIBILITIES OF MANAGERS**

You must ensure that the work areas for which you have responsibility, an approved Risk Assessment procedure is in place, and potential for near miss events has been avoided so far as is reasonably practicable.

You must ensure that all employees report near miss events. Minimal or no reports suggest people are not completing the reports due to a lack of understanding of relevance.

You must ensure reports of near misses are acted upon with further training or an amended task Risk Assessment to reduce potential future events.

Repeated issues must be acted upon with some urgency in identifying the reason for risk and the method by which it can be removed.

#### **3. RESPONSIBILITY OF EMPLOYEES**

You must adhere to the Risk Assessment for the specific task, using the appropriate equipment.

You must report any near miss events to your line manager using the form provided.

**Board Approved 25 November 2020**

**Black Sluice Internal Drainage Board**

**Near Miss and Hazard Alert Report Form**

**Near Miss is an occurrence that has not resulted in any injury or damage, but easily could have done.**

**Hazard Alert is notification of unsafe plant, equipment, substances, procedures etc. or unsafe behaviour.**

Drainage Board..... Date.....

Location of Near Miss Incident / Hazard.....

Brief description of Near Miss Incident / Hazard and any actions taken

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Your idea(s) to eliminate the problem

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.....

When was the Near Miss Incident / Hazard first identified?

Date..... Time.....

Reported by.....

*Please ensure that your Manager or Supervisor receives this information*

*Thank you for your support*

To be completed by Supervisor or Manager and handed to Office

Corrective Action taken.....

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Date of Action Taken..... Name.....