CONSTRUCTION INCIDENT / NEAR MISS REPORT

OSHA 301 style incident record - DailyBuild

1. EVENT INFORMATION

Project		**Report number**		**Date of report**	
Project number		**Date of event**		**Time of event**	
Location on site		**Reported by**		**Supervisor**	

2. TYPE AND SEVERITY - CIRCLE ONE IN EACH ROW

Type	Near miss / First aid only / Recordable injury / Lost time / Property damage / Environmental / Vehicle / Fatality
Severity	Low / Medium / High / Critical
Work stopped	Yes / No Emergency services called: Yes / No Photos attached: Yes / No

3. PERSON INVOLVED

Full name		**Employer**		**Trade / job title**	
Body part affected		**Nature of injury**		**Treatment given**	
Treated at		**Returned to work**		**Days away / restricted**	

4. WITNESSES

Witness name	Company	Phone	Statement taken

5. DESCRIPTION OF EVENT - WHAT WAS THE CREW DOING, WHAT CHANGED, WHAT WAS THE OUTCOME

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Root cause, corrective actions and sign-off

6. ROOT CAUSE ANALYSIS - TICK EVERY CONTRIBUTING FACTOR

[ ] Inadequate training	[ ] Procedure not followed	[ ] No JHA / pre-task plan
[ ] Rushing / schedule pressure	[ ] Wrong or missing PPE	[ ] Housekeeping
[ ] Tool or equipment defect	[ ] Guard or barrier missing	[ ] Poor lighting or visibility
[ ] Weather conditions	[ ] Communication breakdown	[ ] Fatigue

Why 1?	
Why 2?	
Why 3?	
Why 4?	
Why 5?	
Root cause statement	

7. CORRECTIVE ACTIONS

Corrective action	Owner	Due date	Status	Verified by

8. IS IT RECORDABLE? PLAIN LANGUAGE GUIDANCE

Near miss	Nobody hurt, nothing damaged, but it could have gone badly. Not recordable. Log it anyway and fix the cause.
First aid only	Bandages, cleaning a wound, non-prescription medicine, hot or cold therapy, splinter removal. Not recordable.
Medical treatment	Stitches, prescription medicine, physical therapy, a cast or brace. Recordable.
Restricted work or days away	Worker cannot do routine job functions or misses a calendar day. Recordable, count the days.
Loss of consciousness	Any loss of consciousness at work is recordable.
Report to OSHA	Fatality within 8 hours. In-patient hospitalization, amputation or loss of an eye within 24 hours. 1-800-321-6742.
Full rule	osha.gov/recordkeeping. This summary is written for field use and is not legal advice.

9. SIGNATURES

Involved worker		**Supervisor**		**Safety manager**	
Date		**Date**		**Date**	

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