How do I report a NEAR HIT or PRECURSOR?

Fill out the opposite side of this form

Keep a copy and discuss it with your supervisor. Send the original to Jerry Bucher MS70A-1150 or drop it off at B2 R0100 [mail box of Ali Belkacem].

What's a NEAR HIT?

A near hit is an event that could have caused a serious injury or illness, but didn't. For example:

- Blades and needles left without protective covering
- Incompatible flammable or oxidizer gases are stored together.
- A scientist shatters a beaker or a test-tube but did not clean up the broken glass or report any spill.

What's a PRECURSOR?

A precursor is an unsafe condition that could cause an accident or, an accident waiting to happen. For example:

- Unsecured controllers, power supplies, and electronic devices in racks above a laser table.
- A cracked secondary/spill containment or a busted squeeze bottle.
- Any frayed electrical cord or non grounded electronic equipment.

How do I correct a near hit or precursor?

Determine if you can safely take action to resolve the problem yourself [see your ISM Badge ... Define the work ... Analyze the hazard, etc]. If you can, do so, and note it on the form.

Contact your supervisor/work lead and notify them of the problem.

Contact the Chemical Sciences Safety Coordinator: Jerry Bucher ext. 7167 - or -Ali Belkacem ext. 7778 Additional space for notes and descriptions



Chemical Sciences Division

NEAR HIT REPORT

Integrated Safety Management Plan (ISM)



<u>To:</u> Jerry Bucher MS 70A-1150

Questions?

J. Bucher call: ext. 7167

or

A. Belkacem call: ext. 7778

Thanks to the Engineering Division for the concept and design of this NEAR HIT form

Near Hit Report Form

Purpose of this form: to facilitate continuing safety in the workplace and to assure employees return home injury and accident free.

Definitions for a near hit or precursor are noted on the back of this form.

Where did the near hit happen or where is the unsafe condition?

Building (Name/Number): _____

Room/hallway/parking lot: _____

Other Location:

When did the near hit happen or when did you discover the unsafe condition [precursor]?

Date: _____

Time: _____

What department(s) and/or individuals were involved or impacted in the near hit or unsafe condition?

Was the near hit/unsafe act or condition reported to your supervisor/work leader?

Name of Supervisor/Work Lead:

Reporting Employee (Name Optional)

Name: _____

Mailstop: _____

Phone: _____

Your contact information is important so that we can obtain additional information if necessary and report any progress on your concern. Describe the near hit or unsafe act or condition in detail. Include the potential danger to employees, equipment and/or property. Attach sheets or a digital photo if necessary:

Equipme	nt Guard _			
Tripping/	Falling _			
Fire Haz	ard _			
Electrica	I Hazard _			
Chemica	I Hazard _			
Health H	azard _			
Obstruct	ion _			
Other				
	risk for pot			
Estimate	risk for pot			
Estimate Circle Or 1 Low	risk for pot ne: 2	tential futur	e injury or a 4	accident, 5 High
Estimate Circle Or 1 Low Other	risk for pot ne: 2	tential futur	e injury or a 4	5 High
Estimate Circle Or 1 Low Other	risk for pot ne: 2	tential futur	e injury or a 4	5 High

Please note what corrective action you were able to take or what other corrective action you recommend. Check the appropriate box below and explain.

L corrected the cofety problem myself

Explain:

r corrected the safety problem mysell.
My supervisor/work lead and/or I could not correct the problem. We recommend the fol- lowing corrective action:

To be completed by CHD/EH&S:

Date Received by CHD/EH&S: _____

Reviewed by: _____

CHD/DIV Tracking Number: