Incident Report No.
000003

Conducted on
01 Nov 2018 05:15 PM

Employee Name (optional):
Lilly Singer

Completed on
01 Nov 2018 05:21 PM

Score
0/0.0 - 0.00%
### Near Miss Report Form

**Date & Time of Near Miss:** 01 Nov 2018 04:30 PM

**Location of Near Miss. If customer site, please provide address:** warehouse second quadrant

**Select the category the near-miss most relates to:** Electric Shock

**Describe how the Near Miss occurred (include the body part and type of pain):**

Dean Sammy's right hand was electrocuted while using the drill.

**Describe what lead up to and caused the Near Miss. Identify root causes:**

Cable appears to be damaged already.

**What was learned and changed due to the Near Miss?**

The equipment was stored and tagged not for repair.

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**Photo/s that can help explain the what, where, why, or the possible injury:**

![Image of damaged cable](Appendix 1)

**Name and Signature (optional):**

| Lilly Singer | 01 Nov 2018 05:21 PM |

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Audit

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructions:</td>
<td>1. Required to be completed when you experience a Safety Near Miss in the workplace 2. To be completed in full and emailed to direct manager or the Health &amp; Safety Manager.</td>
<td></td>
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</tbody>
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Appendix 1