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| **Reference No.:** |  |

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| **Facility Information:** | |  | | **Date-Time Of Accident / Near Miss** |
| **Name:** |  | |  |  |
| **Address:** |  | |  |  |
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| **Accident / Near Miss Type** : | | | | | |
|  | Near Miss |  | Chemical Spill | **Other** |  |
|  | Vapor Release |  | Fire / Explosion |  |  |

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| **Primary Source of Accident / Near Miss** : |
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| **Cause(s) Contributing to Accident / Near Miss (Check any that apply):** | | | | | |
|  | Human Factors |  | Equipment Defect/Malfunction |  | Controls Failure |
|  | Design Shortcoming |  | Improper Installation |  | Process Upset |
|  | Misapplied Equipment |  | Mechanical Damage |  | Other Emergency |
|  | Power Failure |  | Hydrostatic Expansion |  | System Change |
|  | Corrosion |  | Hydraulic Shock |  | Maintenance Activity |
|  | Inadequate Maintenance |  | Inadequate Administrative Controls |  | Inadequate Labeling |
|  | Earthquake |  | Unsafe Work Practice |  |  |

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| **Types of Changes Recommended to Prevent Recurrence (Check any that apply)**: | | | |
| Administrative Changes | | Engineering Changes | |
|  | Operating Procedures |  | Design |
|  | Additional Training |  | Equipment |
|  | Emergency Response Procedures |  | Piping |
|  | Safe Work Practices |  | Safety Equipment (Additional) |
|  | Labeling Identification |  | Mechanical Protection / Access |
|  | Maintenance Procedures |  | Controls |

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| **Results of Accident / Near Miss (Provide Requested Information):** | | | | | | | | |
| Total Quantity of Hazardous Substance Released | | | |  | | | |
| Estimate of Property/Product Damages: | | |  | | | |
| Number of Serious Injuries: | |  | | | |
| Number of Fatalities: |  | | | |

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| **ACCIDENT DESCRIPTION** |

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| Location: |  | | | | |
| Date: |  | Time: |  | Duration: |  |

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| **Circumstances Leading up to Accident/ Near Miss**: |
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| **Events and Actions as Accident Unfolded**: |
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| **ACCIDENT/ NEAR MISS CAUSE** |

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| **Investigation Team's Assessment of Root Cause of Accident**: |
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| **Investigation Team's Assessment of Additional Contributing Causes**: |
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| **Actions or Circumstances Which Either Helped to Minimize the Effects of the** |
| **Accident or Which Could Have Minimized the Effects** |
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| **ACCIDENT INVESTIGATION APPROVALS, FOLLOWUP AND REVIEWS** |

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| **Date and Time Team Commenced Investigation**: | | | Date: |  | | Time: | |  | | |
| **Team Membership (List Team Leader First)**: | | | | | | | | | | |
| Name: | | Title: | | Company | | | Approval | | | |
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| **Recommended Changes**: | | |
| No. |  | Description of Change |
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| **Recommended Employee Reviews of Final Report**: |  | | **Date:** |
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| Submitted By: |  |  |  | | Date: | |  |
|  | *Print Name* |  | *Signature* | |  | |  |
| Received By: |  |  |  | | Date: | |  |
|  | *Print Name* |  | *Signature* | |  | |  |
| Other Team Member |  |  |  | | Date: | |  |
|  | *Print Name* |  | *Signature* | |  | |  |
| Other Team Member |  |  |  | | Date: | |  |
|  | *Print Name* |  | *Signature* | |  | |  |
| Other Team Member |  |  |  | | Date: | |  |
|  | *Print Name* |  | *Signature* |  | |  | |

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| Copy Distribution | | | | |
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| **Revision / Review History** | | | |
| --- | --- | --- | --- |
| **Revision** | **Date** | **Authorized By** | **Changes** |
| 1 | 9/11/2000 | Safety Director | New Index |
| 2 | 1/15/2001 | Safety Director | Annual Review |
| 3 | 1/10/2002 | Safety Director | Annual Review |
| 4 | 1/11/2003 | Safety Director | Annual Review |
| 5 | 1/15/2004 | Safety Director | Annual Review |
| 6 | 1/10/2005 | Safety Director | Annual Review |
| 7 | 6/27/2006 | Safety Director | Annual Review |
| 8 | 9/6/2007 | Safety Director | Annual Review |
| 9 | 8/23/2010 | Safety Director | Annual Review |
| 10 | 10/3/2012 | Safety Director | Annual Review |
| 11 | 11/10/2012 | Safety Director | Annual Review |
| 12 | 9/25/2013 | Safety Director | Annual Review |
| 13 | 6/13/2016 | Safety Director | Annual Review-Updated and new format |
| 13 | 6/30/2017 | Safety Director | Annual Review |
| 13 | 7/01/2018 | Safety Director | Annual Review |
| 13 | 6/7/2019 | Safety Director | Annual Review |