



### Almost Accident report – Near Miss\*

\*As **Near Miss** are understood to mean near accidents, unsafe conditions, unsafe actions, hidden dangers, risk potentials, weak points, behavior contrary to safety, which were recognized in good time and remain without major consequences.

According to §15 (5) of ASchG (Workers Protection Act) has every employee, every accident at work, every event that almost led to an accident, and any serious and immediate danger to health or safety identified by him/ her immediately to the immediate superior or other responsible persons Report.

**Organizational unit/ institute:**

**Address:**

**Location of near miss/ minor accident:**

**Name:**

The person concerned

**Date:**

of the incident

**Time**

of the incident

**Area:** (in which the incident occurred)

☐ Administration

☐ Research

☐ Warehouse

☐ Laboratory area

☐ House technic

☐ Sanitary room/ changing room

☐ Social room

☐ Workshop

☐ Cleaning (supply/ disposal)

☐ Staircase/ corridor

☐ .....

☐ Terrain

**Activity:** (at which the incident occurred)

**Description of the incident:** (Specification of the work equipment used)

**Reason:** (e.g.: Inattention, defective work equipment or machines, missing protective devices ...)

**Possible suggestion to avoid accidents:** (Preventive measures)

Please send the completed form to:

[arbeitnehmerschutz@i-med.ac.at](mailto:arbeitnehmerschutz@i-med.ac.at)

author: \_\_\_\_\_

signature: \_\_\_\_\_

institute: \_\_\_\_\_

phone: \_\_\_\_\_

**This page is to be filled in exclusively by the safety specialist (SFk)!**

1. **Description of the near miss:**

2. **CEL – Risk evaluation necessary?**

☐ Yes ☐ No

3. **Measures required to avoid repeating the situation.** (e.g. Instruction of the employees, Modification/ shutdown of the machine, Exchange of work equipment, Change in workflow)

4. **Measures taken or initiated:**

<b><u>Security specialist:</u></b>	
<b><u>Date:</u></b>	