

HAZARD / NEAR MISS REPORT



Instructions: Complete for any type of hazard or near miss incident.

Company:

Date: _____ Time: _____

Location:

Weather Conditions:

Description of Potential Hazard / Incident:

Apparent Cause of Incident:

Contributing Factors:

- | | | |
|------------------------------------|-----|----|
| 1. Improper Equipment Use | Yes | No |
| 2. Equipment Malfunction / Failure | Yes | No |
| 3. Poor Layout / Design | Yes | No |
| 4. Unsafe Conditions | Yes | No |
| 5. Training | Yes | No |
| 6. Other | | |

Corrective Measures Taken:

Unresolved Issues (resources or assistance required):

Outcome:

- | | | |
|---|-----|----|
| 7. Did incident result in loss of production or work? | Yes | No |
| 8. How long was the interruption? | Yes | No |
| 9. Was equipment or property damaged? | Yes | No |
| 10. Cost to repair / replace damaged equipment / property | Yes | No |
| 11. Is it safe to resume work? | Yes | No |

Calyx personnel or representative submitting report:

Signature: _____

Date: _____

Send copy immediately to:
Brandon Penner bpenner@calyxenergy.com