



Near Miss Report

Complete this form within 24 hours of an incident that did not require medical attention
(Please Print)

Name: _____

Employee Student Worker

Job Title: _____

Department: _____

Supervisor: _____

Incident Date: _____

Time of Incident: _____ AM / PM

Exact location of incident: _____

Describe incident in full detail (what, how, where, machinery, etc, involved): _____

To whom did you report this?: _____ Date: _____ Time: _____ AM / PM

List any witnesses: _____

Part(s) of body affected (if any): _____

Is there potential for you to seek medical treatment? Yes No

Was incident caused by an unsafe act (activity/movement) or an unsafe condition (machinery, weather)? Please explain:

What could be done to correct this? _____

SIGNATURE: _____ DATE: _____

RETURN TO YOUR SUPERVISOR TO COMPLETE THE OTHER SIDE



Supervisor's Near Miss Report

(Please Print)

Employee's name: _____ Department: _____

Exact Location of incident: _____ Same as employee report

Date and time reported to you: _____ Same as employee report

Names of witness(es) interviewed: _____

Actions, events, or conditions which contributed to the incident: _____

Recommendations for prevention and follow-up: _____

Supervisor's signature: _____ Date: _____

Supervisor's title: _____ Campus Extension: _____

Environmental Health and Safety Report

(Please Print)

Not required/applicable

Actions, events, or conditions which contributed to the incident: _____

Individuals contacted: _____

Corrective action taken: _____

Recommendations for prevention, follow-up, or training: _____

EH&S Signature: _____ Date: _____

RETURN TO:
Environmental Health and Safety, AD Box 80