

Near Miss Incident Report Form

Member:	Date of Incident:
	Time of Incident:
Physical Location:	
Personnel Involved:	
Witnesses:	
given a slight shift in time o employee work habits, impi related injuries and property near misses in their respec	azard or incident that has not resulted in any personal injury or property damage, but where, a position, damage and/or injury easily could have occurred. Unsafe working conditions, unsafe oper use of equipment or use of malfunctioning equipment have the potential to cause work a damage. Unsafe working environments can be improved by those who have experienced ive departments and reporting those situations. Please complete this form to assist in bringing ingerous conditions or hazards in the workplace.
	Safety Concern Safety suggestion Other (describe)
	Unsafe condition of area Unsafe condition of equipment quipment Not following directives Other (describe)
Describe the potential inc	dent/hazard/concern and possible outcome (in as much detail as possible):
Safety/Corrective Action Stask):	Suggestions (Remove the hazard, replace, repair, or retrain in the proper procedures for the
Name:	Date Reported:
incidents should be discus	be taken as early as possible after incident to avoid future near-misses or accidents. Near-miss sed at the next quarterly safety meeting with full description of what happened, what was done actions, etc. so future near-misses or accidents are eliminated or at least reduced.