

NEAR MISS INCIDENT REPORTING FORM



Involved employee's name: _____

Date & time of incident: _____

Date & time reported: _____

Description of incident:

What acts or conditions led directly to the incident?

Was a safety procedure violated?

Incident site inspection - Why was an unsafe act committed or unsafe condition present?

Recommendations and steps to prevent a similar incident:

Is there a potential outside party responsible for the unsafe act or condition?

Report prepared by:

Name: _____

Phone: _____

Date: _____