



Near Miss Report

STOP This Form is **NOT** to be used to **Report Accidents.**

1. Site Supervisor, Please complete this form in the event of a Near Miss incident.
2. Sign and return the original to the Safety Manager once completed.

Employee Name: _____

Location Code: _____ Location of Near Miss: _____

i.e. hallway, kitchen, classroom

Date: ____/____/____ Time: ____:____ Program: _____ Job Title: _____

Activity at Time of Near Miss: _____

Date Investigation Began: ____/____/____ Time Investigation Began: ____:____

What Happened: _____

Immediate Action: _____

Facts: _____

Explain: _____

Describe the Results of the Investigation:

Supervisor

Administrative Use Only:

Investigation Findings:

Corrective Action:

Recommendation

Person Responsible

Date To Complete

_____|_____|_____

_____|_____|_____

Safety Manager

Program Director

Executive Director