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| **Near-Miss Report** | | | | | | |
| **Name of Person Involved** (Last, First, Middle Initial) | | | **Title of Person Involved** | | | |
| **Name of Person Completing Form** (Last, First, Middle Initial) | | | | **Title of Person Completing Form** | | |
| **Department** | | **Contact Phone Number(s)** | | | **Witness** (Name and Phone No.) | |
| **Date and Time of Incident** | **Near-Miss Location** - Site of incident (Bldg. name, Room no., stairs, hallway, etc) If outside of building, give location in reference to nearest building. | | | | | |
| **Near-Miss Description** (Describe fully, the protocol/procedures being followed including all substances, equipment, and machinery being used which was related to the near-miss. Use additional sheets if necessary.) | | | | | | |
| **Personal Protective Equipment (PPE) used** (if applicable) | | | | | | |
| **Severity** - Check the box next to the level of severity which you feel could occur if such an incident evolved *(Example: High = fatality, permanent disability, high dollar loss; Medium = temporary disability, some lost dollar; Low = minor or no injury, no lost dollar. Consider such factors as physical injuries, damage to equipment/property and environmental impacts.)* | | | | | | |
| **HIGH** | | **MEDIUM** | | | | **LOW** |
| **Probability** – Check the box next to the level of probability which you feel that a person or property may be exposed to in a similar situation and that required hazards or system failures may be present or likely. *(Example: High = tasks occur frequently and by numerous individuals; Medium = tasks occur on a regular basis by certain individuals; Low = tasks occur infrequently by few individuals. Also consider such criteria as complexity of the system, latent and human factors, etc.)* | | | | | | |
| **HIGH** | | **MEDIUM** | | | | **LOW** |
| **Corrective Actions** (What should be done or has been done to prevent recurrence of this incident? E.g. employee training, change of procedures, purchasing of equipment, etc.) | | | | | | |
| **Miscellaneous Information** (Provide any other information or recommendations which you feel are pertinent to this incident.) | | | | | | |

Employee [Signature] Supervisor [Signature]

Employee [Print] Supervisor [Print]

Date Date