|  |
| --- |
| **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.)* |
| **[x]  HIGH** | **[x]  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** | **[x]  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