Employees shall fill in this near miss form for any work-related events that potentially could have caused harm or damage to individuals or property but did not. This includes improper use or malfunction of equipment, unsafe employee behavior, or hazardous working conditions. Near misses must be reported immediately. Failure to report a near miss the day it occurs will result in disciplinary action.

|  |  |
| --- | --- |
| **Employee Name:** | **Date Reported:** |
| **Supervisor/ Manager Name:** | **Time Reported:** |

|  |
| --- |
| **Where and when did this near miss take place?** |
| **Date & Time** | **Location** |
|  |  |

|  |
| --- |
| **Activity being performed at time of near miss** |
|  |

|  |
| --- |
| **Provide a thorough description of the events that took place leading to this report**  |
|  |

|  |
| --- |
| **Were there any witnesses present?** |
| * **Yes**
 | * **No**
 |

**\*Please fill in the names and contact information of any witnesses present at the time of the near miss:**

|  |
| --- |
| **Witness Name(s):****Witness Contact Information:**  |

|  |  |
| --- | --- |
| **Employee Signature:** | **Date Signed:** |
| **Supervisor/ Manager Signature:** | **Date Signed:** |