



The Power in Personnel®

NEAR MISS & PROPERTY DAMAGE REPORT

LOCATION/CLIENT: _____

DATE: _____

TIME: _____ AM / PM

PERSONS INVOLVED:

	NAME	JOB TITLE	DRUG/ALC TEST?	
#1	_____	_____	YES _____	NO _____
#2	_____	_____	YES _____	NO _____

WITNESSES: _____

EQUIPMENT/PROPERTY DAMAGED: _____

DEPARTMENT & LOCATION OF INCIDENT:

EQUIPMENT / VEHICLE / MACHINE / TOOLS INVOLVED:

WAS A FORKLIFT OR POWERED CART INVOLVED? YES: _____ NO: _____

MAKE: _____ MODEL: _____ SERIAL #: _____

DID HE/SHE HAVE A CURRENT OPERATOR'S PERMIT AUTHORIZING THEM TO OPERATE A FORKLIFT, ELECTRIC PALLET JACK? YES: _____ NO: _____

WHAT HAPPENED? PLEASE BE SPECIFIC & AS DETAILED AS POSSIBLE:

TIME FOREMAN NOTIFIED? _____ TIME ACCU BRANCH OFFICE NOTIFIED? _____

SAFETY RULES VIOLATED? PLEASE EXPLAIN: _____

PERSON COMPLETING THIS REPORT:

NAME	TITLE
_____	_____