



NEAR MISS REPORT

Client Name/Location _____ Date _____

Injured Employee's Name _____

Shift _____ Department _____ Supervisor _____

INCIDENT DETAILS

Incident Date _____ Time _____ AM PM

Incident Location *(be specific)* _____

Description of Occurance _____

What Personal Protective Equipment (PPE) were used? _____

Were any safety rules violated? Yes No *If Yes, please explain* _____

RECOMMENDATIONS

What corrective actions should be, or have been, done to prevent this incident? _____

Other General Observations _____

I swear that the above statement in regards to the incident and its surrounding events is true to the best of my knowledge.

Name of Person Completing Form _____ Position _____

Signature _____ Date _____