



SAMPLE NEAR MISS REPORT

This form should be completed by any employee who witnesses or experiences a near miss incident, such as items falling from storage, a caught fall off heavy equipment or a slip or trip where the individual does not actually fall. Supervisors may complete the form on behalf of the person who witnessed the near miss.

Name of individual reporting near miss incident:	
Location of near miss incident:	
Date of near miss incident:	
Time of near miss incident:	

Description of the near miss incident:
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Names of any other witnesses to the near miss incident:

Signature: _____	Date: _____
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Send the completed form to [add name here].