

A near miss is a potential hazard or incident that has not resulted in any personal injury. Unsafe working conditions, unsafe employee work habits, improper use of equipment or use of malfunctioning equipment have the potential to cause work related injuries. It is everyone's job to report, so corrective actions can be taken to prevent future reoccurrences.

IMPORTANT: If the NEAR MISS being reported could have resulted in the death of or serious injury to someone, DO NOT USE this form. Use the EIR form instead. If you are uncertain, please contact the Safety Department.

1. GENERAL INFORMATION	
Date: (mm/dd/yy)	Time: (24hr Clock)
Exact Location &/or Full Address:	
2. Check all appropriate conditions	
<input type="checkbox"/> Unsafe Act	<input type="checkbox"/> Unsafe Condition
<input type="checkbox"/> Unsafe equipment	<input type="checkbox"/> Unsafe use of equipment
3. Description of incident or potential hazard:	
4. Employee Signature:	Date:

Near Miss Investigation

1. Description of near miss condition:

2. Causes (primary and contributing)

3. RECOMMENDED CORRECTIVE ACTION(S) (Follow-up required by Supervisor/Foreman)	Action Deadline (mm/dd/yy)	Action By: (print name)	Action Completed (mm/dd/yy)

Near Miss Investigation

4. INVESTIGATION REPORT REVIEWED BY:			
POSITION	NAME (print)	SIGNATURE	DATE (mm/dd/yy)
Supervisor:			
Review/Comments:			
Foreman or Captain:			
Review/Comments:			
Involved Worker: (if possible)			
Review/Comments:			
**Safety Committee Member:			
Review/Comments:			

Safety Advisor Comments:		
NAME (print)	SIGNATURE	DATE (mm/dd/yy)