**Employee’s Report of Near Miss Form**

Instructions: Employees shall use this form to report all “near miss” events (which could have caused an injury or illness) – no matter how minor. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

Your Name:

Job title:

Supervisor:

Have you told your supervisor about this near miss? 􀂉 Yes 􀂉 No

Date of near miss: Time of near miss:

Names of witnesses (if any):

Where, exactly, did it happen?

What were you doing at the time?

Describe step by step what led up to the near miss. (continue on the back if necessary):

What could have been done to prevent this near miss?

How could you have been hurt?

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Your signature: Date: