**EMPLOYEE’S NEAR MISS REPORT FORM**

INSTRUCTIONS Using this form, employees shall report all near miss or unplanned events which could have resulted in an injury or illness. Once completed, this form can be sent to jesse.albers@snc.edu.

|  |  |  |  |
| --- | --- | --- | --- |
| YOUR NAME | SUPERVISOR NAME | | DATE OF REPORT |
|  |  |  | |
| JOB TITLE | EMAIL ADDRESS | | |
|  |  | | |

|  |  |  |
| --- | --- | --- |
| LOCATION OF INCIDENT | DATE OF INCIDENT | TIME |
|  |  |  |
| WITNESSES *if any* | | |
|  | | |
| DESCRIBE THE POTENTIAL INCIDENT/HAZARD/CONCERN AND POSSIBLE OUTCOME. *Attach additional pages as necessary.* | | |
|  | | |
| SAFETY SUGGESTIONS | | |
|  | | |
| IF A NEAR MISS, HOW COULD YOU OR SOMEONE ELSE HAVE BEEN HURT? | | |
|  | | |

TYPE OF NEAR MISS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Near-Miss |  | Safety Concern |  | Safety Suggestion |

TYPE OF CONCERN

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Unsafe Act |  | Unsafe Condition of Area |  | Unsafe Condition of Equipment |
|  | Safety Policy Violation |  | Unsafe Use of Equipment |  | Other |

INVESTIGATION AND FOLLOW-UP

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