



INCIDENT/NEAR MISS REPORT

(Check one):

___ An incident is an event that caused injury to a person or damage to equipment, building or materials.

___ A near miss is an event that could have caused injury to a person or damage to equipment, building or materials.

Person completing this form: _____ Date: _____

Name and job title of the employee involved in the incident/near miss: _____

Witness(es): _____

Date of incident/near miss: _____ Time of incident/near miss: _____ a.m./p.m.

Department and location where the incident/near miss occurred: _____

Employee's shift on the day of the incident/near miss (from) _____ a.m./p.m. (to) _____ a.m./p.m.

Did an injury occur? ___ Yes ___ No

Did the incident occur in a fatality? ___ Yes ___ No

Nature of the injury (strain, cut, bruise, etc.): _____

Body part(s) affected: _____

Medical treatment required? ___ Yes ___ No

If yes, what type? ___ First aid on-site ___ Express care ___ Doctor ___ Hospital

Name of the facility, hospital or physician: _____

Was the employee hospitalized overnight as a patient? ___ Yes ___ No

Did the employee leave work early due to the injury? ___ Yes ___ No

If yes, what time? _____ a.m./p.m.

Date the employee returned to regular duty: _____

Date the employee returned with light duty restrictions: _____

Describe the incident fully: (use back page if necessary or sketch on back if needed to clarify):

List all equipment, machinery, materials or chemicals the employee was using when the event occurred:

Identify the factors that you believe contributed to or caused the incident:

Complete this section if an injury occurred or there was damage to equipment.

Were proper procedures being followed when the incident occurred? ____ Yes ____ No

If no explain: _____

Was the employee wearing proper personal protective equipment? ____ N/A ____ Yes ____ No

If no explain: _____

Are changes in equipment necessary to prevent reoccurrence? ____ Yes ____ No

If yes explain: _____

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Forward this form to the Human Resources Department as soon as possible following the incident or near miss.

Note: If an employee receives medical treatment from a doctor or hospital, additional forms will need to be filled out and forwarded to the HR Dept. along with the incident report so a workers' compensation claimed can be filed.