

NEAR MISS REPORT

EMPLOYEE NAME _____ DATE OF INCIDENT _____

LOCATION / DEPARTMENT _____

TASK BEING PERFORMED _____

DESCRIPTION OF NEAR MISS:

Did employee follow all Safety procedures and protocols?
IF NO, LIST FINDINGS:

Has a Job Safety Procedure been created for this specific Job Task?
IF NO, LIST FINDINGS:

Was employee properly trained and in compliance with
applicable procedures? IF NO, LIST FINDINGS:

Were Supervisor or Plant Manager in the area at time of Near
Miss?

INVESTIGATOR COMMENTS:

CORRECTIVE ACTIONS & DATE WHEN COMPLETED:

1. _____ DATE _____

2. _____ DATE _____

3. _____ DATE _____

EMPLOYEE _____ DATE _____

SUPERVISOR _____ DATE _____

PLANT MANAGER _____ DATE _____

ATTACH ADDITIONAL INFORMATION IF NECESSARY