



NEAR MISS REPORT FORM

Employee Section		
Department:	Building:	Room # (if applicable)
Time of Near-Miss _____ a.m. _____ p.m.	Designation: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other	
Check Appropriate Category: <input type="checkbox"/> Near Miss <input type="checkbox"/> Safety Concern <input type="checkbox"/> Safety Suggestion <input type="checkbox"/> Other:	Type of Concern: <input type="checkbox"/> Unsafe Act <input type="checkbox"/> Unsafe Condition <input type="checkbox"/> Unsafe Equipment <input type="checkbox"/> Other:	
Describe the potential incident/hazard/concern (possible effects):		
Suggestion(s) to prevent reoccurrence:		
Name: (optional):	Date Reported:	
Supervisor Section		
Supervisor investigation and corrective action:		
Work Request Work Order # (if applicable):	Date Submitted:	
Supervisor Signature	Date:	
EHS Specialist Signature	Date:	