

# Near Miss/ Incident Report

---

---

## Identification

Location where incident occurred: \_\_\_\_\_ Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_  AM  PM Date of report: \_\_\_\_\_

Employee name: \_\_\_\_\_

Job title: \_\_\_\_\_ Department: \_\_\_\_\_

**Description** (Step-by-step, describe the actions, conditions, and decisions that led to the accident and what happened at the time of the incident.)

---

---

Description of events: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

---

## Witness information

Witnesses' names and other details they provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

---

## Actions

What did the employee or another person do to lead to the incident? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

---

## Conditions

What condition or guarding of equipment, building, or premises was involved? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contributory factors**

What other factors may have lead up to or contributed to the incident?

**Corrective action**

What did you or others do to correct the conditions, which caused the incident, and what should be done to prevent other incidences like this from occurring?

Report submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature