NEAR MISS REPORT

This report is to be filled out by any employee involved in or witnessing a near miss. A near miss is an incident that did not result in any personal injury, property damage or production interruption. It is a very important indicator of potentially harmful future accidents.

Employee Name: ___________________________________ Department: ______________________

Date of Incident: __________ Time of Incident: _______ Location: ___________________________

Description of incident or potential hazard: ____________________________________________________

____________________________________________________________________________________

Employee Signature: _______________________________________ Date: ______________________

Give to supervisor or designated personnel.

Corrective action taken: _________________________________________________________________

(REMOVE THE HAZARD, REPLACE, REPAIR, or RETRAIN IN THE PROPER PROCEDURES FOR THE TASK)

____________________________________________________________________________________

____________________________________________________________________________________

Supervisor: ___________________________ Date: __________________

Management: __________________________ Date: _________________

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