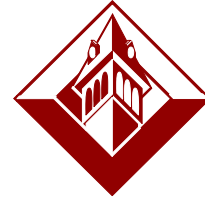


Safety



VALLEY CITY
STATE UNIVERSITY

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: _____
(optional)

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: _____