

Information about Reporting Person

First Name: _____ Last Name: _____

Email: _____ Work Phone: _____

Date of Report: _____

Information about the Incident

Date incident occurred: _____ Time of incident: _____ AM PM

Location of incident (closest building): _____

Specific location (examples: Room #, hallway, stairwell, parking lot): _____

Severity (**IF** the incident had evolved into an accident, please rank the severity of the resulting accident):

(low) 1 2 3 4 5 (high)

Potential for Recurrence (Please rank the likelihood that a similar incident could occur if unaddressed):

(low) 1 2 3 4 5 (high)

Details about the Incident

Please provide names of all persons involved in the near miss:

Please describe, in detail, **what** happened and **how** it happened:

What actions led directly to the incident?

Have corrective actions been taken to prevent a similar incident? Yes No

If yes, describe prevention measures:

Who is responsible for taking these corrective actions and following up to see that they are complete? N/A

Name: _____ Job Title: _____

Expected Completion Date: _____ Actual Completion Date: _____