

## Near Miss Reporting Instructions

If you experience or witness an event that could have resulted in an injury or illness, but did not evolve to that point, you are encouraged to report the event. Reporting a near miss helps others learn from your experience, take steps to avoid personal injury and reduce risks to facilities, and participate in overall safety improvement efforts. Please complete the Near Miss Report as follows:

- [Open the form by clicking here.](#)
- Enter your name, the date, your phone number, and e-mail address. This information will allow us to contact you with any follow-up questions that we may have. If you want to submit the report anonymously, feel free to do so.
- Use the first large box to answer the following questions:
  - Who was involved in the near miss? (Feel free to enter job titles if you don't feel comfortable listing the names of those involved.)
  - Where did the incident occur? (Please be as specific as possible.)
  - When did the incident occur? (List date and time.)
  - What happened? (Examples include: Someone was almost struck by a falling object; a vacuum chamber was discovered to be cracked, resulting in lack of structural integrity that could have caused an implosion; the safety device on a nail gun was not operational, leading to a nail being shot unexpectedly; addition of a chemical reagent to a contaminated container caused polymerization that broke the container, etc.)
  - How did the incident occur? (Give as much detailed information as you can, using additional sheets if necessary. Was inattention a factor? Was there a defect in a machine? Was the design of a machine or process a factor? Did chemicals react in an unexpected way?)
- Use the next large box to describe the acts or conditions that led directly to the incident.
- Using the 1 to 5 scale, please indicate how severe you believe this incident could have been if it had evolved into an accident. (Use 5 to indicate that someone could have died or acquired a chronic illness with no prospect of recovery; 4 to indicate a likely injury or illness requiring personnel to be hospitalized or off work for extended period of time; 3 to indicate a likely injury or illness requiring treatment by a medical professional beyond first aid, but no time off work required; 2 for an injury or illness requiring first aid treatment by non-medical personnel; and 1 for minimal effects that do not require first aid or assistance.)
- Using the 1 to 5 scale, please estimate the probability that a similar incident could occur. (Use a 5 to show that it is almost certain to happen again; use a 1 to indicate that the chances are very low for recurrence.)
- In the next box, if applicable, please describe corrective actions that have been implemented or will be implemented to prevent a similar incident from occurring (include all factors, including training, new signage, new work practices, modifications in equipment, replacement of equipment or parts of equipment, etc.)
- In the last long box, if applicable, tell us who is responsible for taking corrective action and following up to help prevent a similar incident from occurring in your work area.
- If applicable, show the expected completion date and actual completion date for corrective actions.
- Submit completed form to Environmental Health and Safety via e-mail by clicking "SUBMIT" button. To submit the report anonymously, print the completed form and send via campus mail.

**Thank you for sharing this information and for your interest in maintaining a safe and healthful workplace.**