

This form should be filled out for near miss reporting purposes ONLY. If there is an actual injury/illness, please fill out the FIRST REPORT INJURY/ILLNESS FORM. A Near Miss is a potential hazard or an unplanned event that did not result in an injury, illness or damage but had the potential to do so. Your reporting a near miss helps us create a safer working environment on campus. If you have any questions or concerns, please call 678-1625.

Employee and/or Contractor's Information

First Name _____ Last Name _____

Cell Phone _____ Work Phone _____

Department _____ Supervisor Name _____

Near Miss Information

(A near miss includes hazards that could lead to: slip, trip, fall, crushing, electric shock, equipment failure, etc.)

Date: _____ Time _____:_____ **am. pm.** Type of Near Miss: _____

Incident location: **indoors** or **outdoors** Location of Incident _____

Has this occurred before? ___**Yes**___ ___**No**___ ___**Unknown**___ Was Your Supervisor Notified? ___**Yes**___ ___**No**___

Were other employees present? **Yes No** If Yes, how many? _____

Were the factors that created the near miss corrected? ___**Yes**___ ___**No**___ ___**Unknown**___

Did anyone else comment on the near miss? ___**Yes**___ ___**No**___ ___**Unknown**___

Please provide a full account of this near miss incident:

Once completed, copies of the form shall be sent to the following:

- Immediate Supervisor
- Employee Safety & Health (678-5150 fax) (678-1625 office)
- Keep a copy for yourself.

Signature _____

Print Name _____

Date _____