



Near Miss Report

Division and Location			
Date		Time	
		AM/PM	
	Unsafe Equipment		Unsafe Environment
	Unsafe Act/Behavior		Unsafe Use of Equipment
Potential Hazard - Description of Incident			
Investigation of Near Miss			
Primary Cause			
Corrective Action Taken			
Status of "Fix" Complete/Not Completed	Date Completed	Comments	
If no fix, state why:			

Employee _____

Date _____

Supervisor _____

Date _____

Manager _____

Date _____