



## INCIDENT/NEAR MISS REPORT

**(Check one):**

An incident is an event that caused injury to a person or damage to equipment, building or materials.

A near miss is an event that could have caused injury to a person or damage to equipment, building or materials.

Person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Name and job title of the employee involved in the incident/near miss: \_\_\_\_\_

Witness(es): \_\_\_\_\_

Date of incident/near miss: \_\_\_\_\_ Time of incident/near miss: \_\_\_\_\_

Department and location where the incident/near miss occurred:

Did an injury occur?  Yes  No

Nature of the injury (strain, cut, bruise, etc.):

Body part(s) affected: \_\_\_\_\_

Medical treatment required?  Yes  No

If yes, what type?  First aid on-site  Express care  Doctor  Hospital

Name of the facility, hospital or physician: \_\_\_\_\_

Was the employee hospitalized overnight as a patient?  Yes  No

Did the employee leave work early due to the injury?  Yes  No

If yes, what time? \_\_\_\_\_

Date the employee returned to regular duty: \_\_\_\_\_

Date the employee returned with light duty restrictions: \_\_\_\_\_

Describe the incident fully: (use additional pages if necessary or sketch on back if needed to clarify):

---

---

List all equipment, machinery, materials, or chemicals the employee was using when the event occurred:

---

---

Identify the factors that you believe contributed to or caused the incident:

---

---

**Complete this section if an injury occurred or there was damage to equipment.**

Were proper procedures being followed when the incident occurred? \_\_\_ Yes \_\_\_ No

If no explain: \_\_\_\_\_

Was the employee wearing proper personal protective equipment? \_\_\_ N/A \_\_\_ Yes \_\_\_ No

If no explain: \_\_\_\_\_

Are changes in equipment necessary to prevent reoccurrence? \_\_\_ Yes \_\_\_ No

If yes explain: \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forward this form to the Human Resources Department as soon as possible following the incident or near miss.

Note: If an employee receives medical treatment from a doctor or hospital, additional forms will need to be filled out and forwarded to the HR Dept. along with the incident report within 24 hours of incident.