

Non-Injury and Near-Miss Incident Reporting Form

Instructions:

- If personnel were injured during the incident, do not use this form, use 'Supervisor's Injury/Illness Report'
- In each of the sections below, please describe what happened, the background and any hazardous materials, equipment or processes involved in the incident. Please indicate what could have potentially happened if conditions developed into a more serious situation. Include how to prevent this from recurring.
- Use as much space in the response boxes as needed. If a section does not apply, indicate "N/A."

Incident Reporting:

Non-Injury

Near-Miss

Warning / Alert

Date of Incident:

*Location of
Incident:*

*Incident Report
Completed by:*

Date of Report:

What Happened:

Employee's Description of the Incident:

Name:

Date:

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<i>Supervisor Statement:</i>	<i>Name:</i> _____ <i>Date:</i> _____

<i>Witness Statement:</i>	<i>Name:</i> _____ <i>Date:</i> _____

<i>Witness Statement:</i>	<i>Name:</i> _____ <i>Date:</i> _____

<i>Background Information & other history pertaining to this incident if applicable:</i>

What Could Have Happened:

Describe how the incident could have potentially resulted in a more serious or life-threatening situation:

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Contributing Factors:

- Improper Equipment Use Equipment Malfunction/Failure Other _____
- Unsafe Condition Insufficient Training

Please provide details of contributing factors

Incident Prevention:

Please indicate how the incident can be prevented from recurring again: