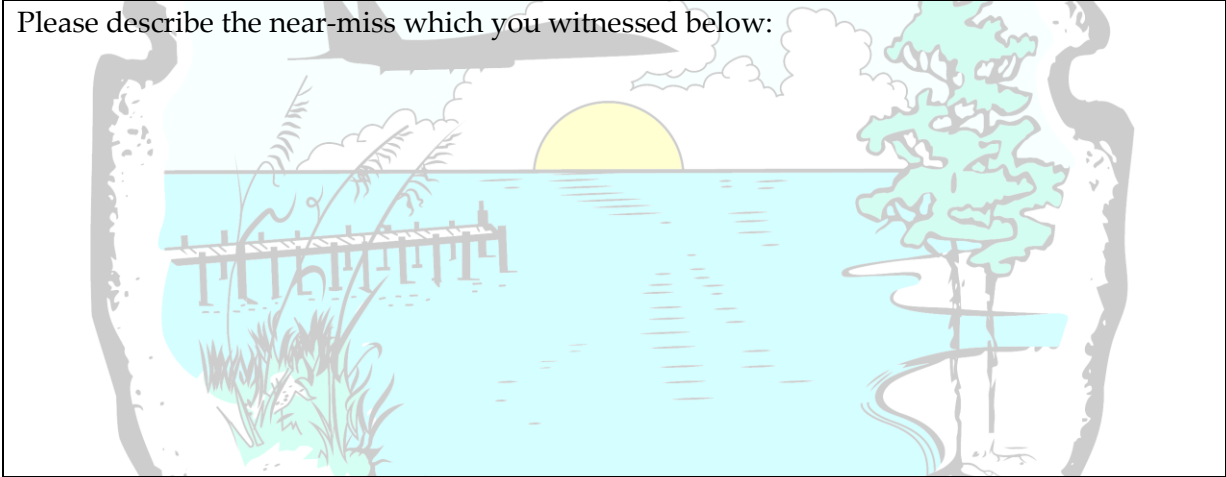


NEAR-MISS REPORT FORM

This form should be completed by any employee who witnesses a near-miss incident where there was no injury, loss of life, or property damage.

Location of near-miss:	
Date of near-miss:	
Time of near-miss:	

Please describe the near-miss which you witnessed below:



Signature: **Date:**

Please send all completed forms to Supervisors and Safety Coordinator.

All near-misses will be reviewed by the Okaloosa County Safety Coordinator.