



## NEAR-MISS REPORTING FORM

A near-miss is a potential hazard or incident in which no property was damaged and no personal injury was sustained, however, given a slight shift in time or position, damage or injury could have occurred. Near misses also may be referred to as close calls, near accidents, or injury-free events. To provide a safe work environment, the county requires that all employees report and correct any potential hazards immediately. Please use this form to report near-misses and assist in preventing future incidents and making the county a safer place to work.

1. Department: \_\_\_\_\_ 2: Building / Work Area: \_\_\_\_\_

3. Date of Near-Miss: \_\_\_\_\_ 4. Time of Near-Miss: \_\_\_\_\_

5. Witnesses: \_\_\_\_\_

6. Was Your Supervisor Notified of Near-Miss:  Yes (if Yes, fill in information below)  No  N/A

a. Supervisors Name (Print): \_\_\_\_\_ b. Date Supervisor Was Notified: \_\_\_\_\_

6. Type of Near-Miss:

- Near-Miss
- Safety Concern
- Safety Idea / Suggestion
- Other (please describe): \_\_\_\_\_

7. Type of Concern:

- Unsafe Act
- Unsafe Condition of Area
- Unsafe Condition of Equipment
- Unsafe Use of Equipment
- Safety Policy Violation
- Other (please describe): \_\_\_\_\_

8. Describe the Potential Incident / Hazard / Concern and Possible Outcome (be detailed):  
\_\_\_\_\_  
\_\_\_\_\_

9. Were Safety Procedures Violated:  Yes (if Yes, please describe below)  No

### NAME OF PERSON REPORTING NEAR-MISS (OPTIONAL)

1. Name (Print): \_\_\_\_\_ 2. Phone Number: \_\_\_\_\_ 3. Department \_\_\_\_\_

4. Signature: \_\_\_\_\_ 5. Date: \_\_\_\_\_

### RISK MANAGEMENT / SAFETY COORDINATOR OFFICE NOTIFICATION

1. Name: \_\_\_\_\_ 2. Signature: \_\_\_\_\_ 3. Date: \_\_\_\_\_

Please submit this completed form to the Risk Management / Safety Coordinator Office. For questions or cases deemed immediately dangerous call the Safety Coordinator at (850) 689-5979.