



## Department of Human Resources

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### Near-Miss Incident Report

|                                   |                                       |                           |
|-----------------------------------|---------------------------------------|---------------------------|
| TIME & PLACE                      | DATE/TIME OF INCIDENT                 | INCIDENT LOCATION (EXACT) |
|                                   | DEPARTMENT                            | SUBMITTED BY              |
| INCIDENT DESCRIPTION              | JOB ACTIVITY AT THE TIME OF NEAR-MISS |                           |
|                                   | DESCRIPTION OF THE NEAR-MISS INCIDENT |                           |
|                                   | SPECIFY THE HAZARDOUS CONDITION:      |                           |
|                                   | SPECIFY THE UNSAFE ACT:               |                           |
|                                   | OTHER EMPLOYEE INVOLVED, IF ANY:      |                           |
|                                   | PREVENTION ACTION RECOMMENDED:        |                           |
|                                   | CORRECTIVE ACTIONS TAKEN:             |                           |
|                                   | ANY EMPLOYEE INJURY:                  |                           |
| EMPLOYEE SIGNATURE<br>SIGN HERE ► |                                       | DATE SIGNED               |