



Near Miss/Minor Incident Report

GENERAL INFORMATION

Type of Incident Near Miss Report Only

Date of Incident _____ Time of Incident _____ AM PM

Job Number _____ Job Name _____

Job Address _____

Date Incident Reported _____ Incident Reported To _____

Did Pretask Plan Identify Hazard _____ Phone Number _____

Employee Name _____ Employee Title/Position _____ Years in Trade _____

Normal Work Schedule ____ am/pm until ____ am/pm Days Per Week _____ Date Hired _____

INCIDENT INFORMATION

Information Provided by Employee/Supervisors Description of Incident

CORRECTIVE ACTIONS TAKEN TO PREVENT RECURRENCE

PERSON RESPONSIBLE

COMPLETION DATE

SAFETY/RISK MANAGEMENT USE ONLY:

Date Report Rec'd: Safety _____

Comments: _____
