amelie
CONSTRUCTION & SUPPLY

NEAR MISS REPORT

Where did the near miss happen or where is the unsafe condition?

Job Name/Number: ____________________________

Location: ____________________________________

When did the near miss happen or when did you discover the unsafe condition [precursor]?

Date: ______________________________________

Time: ______________________________________

What branch/division were involved or impacted in the near miss or unsafe condition?

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Was the near miss/unsafe act or condition reported to your supervisor/work leader? ☐ YES ☐ NO

Name of Supervisor:

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Reporting Employee (Optional)

Name: _____________________________________

Phone: _____________________________________

Witness to the Incident (Optional)

Name: ____________________________________

Phone: ____________________________________

Describe the near miss or unsafe act or condition in detail. Include the potential danger to employees, equipment and/or property. Attach sheets or a digital photo if necessary:

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Please note what corrective action you were able to take or what other corrective action you recommend. Check the appropriate box below and explain.

☐ I corrected the safety problem myself.

☐ My supervisor/work lead and/or I could not correct the problem. We recommend the following corrective action:

Explain: ____________________________________

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Estimate risk for potential future injury or accident, Circle One:

1	2	3	4	5
Low				High

Other ______________________________________

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Explain Details: _____________________________

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