

DCB NEAR MISS REPORT

This report is to be filled out by any employee involved in or witnessing a near miss. A near miss is an incident that did not result in any personal injury, property damage or production interruption. It is a very important indicator of potentially harmful future accidents.

Completed by Employee

Department: _____

Building: _____

Date of incident: _____

Time: _____

Location: (Describe where incident occurred) _____

Description of incident/potential hazard: _____

Print employee's name

Employee's signature

Date

Completed by Supervisor

Corrective action(s) taken to prevent recurrence: _____

Print supervisor's name

Supervisor's signature

Date

Send original to the Risk Management Coordinator