

# 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.

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## Completed by Employee

Department: \_\_\_\_\_ Building: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_

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Location: (Describe where incident occurred) \_\_\_\_\_

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Description of incident/potential hazard: \_\_\_\_\_

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\_\_\_\_\_  
Print employee's name

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

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## Completed by Supervisor

Corrective action(s) taken to prevent recurrence: \_\_\_\_\_

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\_\_\_\_\_  
Print supervisor's name

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Date

*Send original to the Risk Management Coordinator*