



# Near Miss Report

Approved By:  
Chad L. Underwood  
Date: 02/03/2009

Site/Location: \_\_\_\_\_ Date: \_\_\_\_\_  
Contractor: \_\_\_\_\_

**Supervisor/Foreman Name:**

Print: \_\_\_\_\_ Sign: \_\_\_\_\_

**Employee's Name:**

Print: \_\_\_\_\_ Sign: \_\_\_\_\_

**Witnesses:**

Print: _____	Sign: _____
Print: _____	Sign: _____
Print: _____	Sign: _____
Print: _____	Sign: _____
Print: _____	Sign: _____
Print: _____	Sign: _____

Description of Near Miss: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Corrective Action(s) Taken: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Corrective Action Recommended: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Cause of Near Miss:** (Check those that apply)
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Inadequate Training      | <input type="checkbox"/> Design                | <input type="checkbox"/> Equipment Failure |
| <input type="checkbox"/> Lack of Rules            | <input type="checkbox"/> Environmental Factors | <input type="checkbox"/> Miscommunication  |
| <input type="checkbox"/> Lack of Rule Enforcement | <input type="checkbox"/> Unsafe Act            | <input type="checkbox"/> Other: _____      |

If Miscommunication Please Describe: \_\_\_\_\_  
 \_\_\_\_\_

**Section to be completed by Supervisor:**

Corrective Action Taken:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Affected Employees Notified/Trained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corrective Action(s) Adequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Field Office/Superintendent: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_  
 Safety Manager: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_