



Near Miss Incident Report

EMPLOYEE: _____ JOB TITLE: _____

LOCATION OF INCIDENT: _____

DATE & TIME OBSERVED: _____

DESCRIPTION: _____

SUGGESTIONS FOR CHANGE: _____

Signature: _____ Date: _____ (optional)

Company Response

RESPONSE BY: _____

TITLE: _____ DATE: _____

FINDINGS: _____

CORRECTIONS: _____

PRINT NAME: _____ SIGNATURE: _____