Near Miss Program:
A “near miss” is an unplanned event that did not result in injury, illness or damage, but it had the potential to do so. Recognizing and reporting near miss incidents can significantly improve worker safety and enhance an organization’s safety culture.

Establishing a near miss program:
- Create a reporting culture
- Every opportunity to identify and control hazards, reduce risk and prevent harmful incidents must be acted on.
- The reporting system needs to be non-punitive.
- Investigate near miss incidents to identify the root cause of the problem.
- Use results to improve safety awareness.

Employers can encourage workers to participate in a Near Miss reporting program by:
- Creating a policy and procedure that is communicated to all employees.
- Promote a culture of reporting with the support of ALL management.
- Educate employees on the reason why near miss reporting is a necessary.
- Use the report as a positive step taken to improve workplace safety.
**NEAR-MISS REPORTING FORM**

*(Enter company name and address)*

<table>
<thead>
<tr>
<th>Name of Person involved (Last, First, Middle Initial)</th>
<th>Title/Position of Person Involved</th>
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<th>Name of Person Completing Form (Last, First, Middle Initial)</th>
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<th>Witness Name (Last, First, Middle Initial)</th>
<th>Title/Position of Witness</th>
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**Date & Time of Incident**

Date: _______________________

Time: _______________ AM/PM

**Near-Miss Location – Site of Incident (Building name, Room No., Stairs, Hallway, etc.)**

_______________________________________________________________________________________________

_______________________________________________________________________________________________

**Near-Miss Description:**

________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

**Personal Protective Equipment (PPE) Used (if applicable)**

**Severity – Circle the level of severity which you feel could occur if such an incident evolved (Example: High = fatality, permanent disability; Medium = temporary disability; Low = minor or no injury, no lost dollar. Consider such factors as physical injuries, damage to equipment or property, and environmental impact)**

HIGH  MEDIUM  LOW

**Probability – Circle the level of probability that a person or property may be exposed to a similar situation, and that required hazards or system failures may be present or likely. (Example: High = tasks occur frequently and by numerous individuals; Medium = tasks occur on a regular basis by certain individuals; Low = tasks occur infrequently by few individuals.)**

HIGH  MEDIUM  LOW

**Corrective Actions (what should be done or has been done to prevent recurrence of this incident?)**

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

**Miscellaneous Information (Provide any other information or recommendations which you feel are pertinent to the incident)**

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