



NEAR MISS / INCIDENT WITHOUT INJURY (IWOI) REPORTING FORM

DATE:		LOCATION:	
TIME:		MEDIC/TECH:	
DESCRIPTION OF INCIDENT:			
CLASSIFY THE TYPE OF INCIDENT REPORTED:			
<input type="checkbox"/> SAFETY CONCERN	<input type="checkbox"/> MOTOR VEHICLE	<input type="checkbox"/> CHEMICAL EXPOSURE	
<input type="checkbox"/> PROPERTY DAMAGE	<input type="checkbox"/> PHYSICAL INJURY	<input type="checkbox"/> NEAR MISS	
<input type="checkbox"/> SPILL	<input type="checkbox"/> OTHER:		
IDENTIFY THE AREA OF CONCERN:			
<input type="checkbox"/> PRODUCTION PROCESS	<input type="checkbox"/> ELECTRICAL SAFETY	<input type="checkbox"/> CHEMICAL PROCESS	
<input type="checkbox"/> MATERIAL HANDLING	<input type="checkbox"/> EMERGENCY OPERATIONS	<input type="checkbox"/> MAINTENANCE	
<input type="checkbox"/> HOUSEKEEPING	<input type="checkbox"/> CONFINED SPACES	<input type="checkbox"/> FIRE PREVENTION	
<input type="checkbox"/> SECURITY	<input type="checkbox"/> MEDICAL SERVICES	<input type="checkbox"/> FALL PROTECTION	
<input type="checkbox"/> VEHICLE OPERATION	<input type="checkbox"/> OTHER:		
PROBABILITY OF REOCCURENCE			
<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> LOW	
Recommended Corrective Actions:			

SUBMITTED BY

DATE

TRINITY ASSIGNED ACTION LOG ID