



NEAR-MISS REPORT

Date of Incident:	Time of Incident:	Statement Date:
Location of Incident:	Statement Time:	
General Foreman Name:	Job#	
Witnesses (Optional)	Phone#	
TYPE OF NEAR MISS		TYPE OF CONCERN
<input type="checkbox"/> NEAR MISS	<input type="checkbox"/> UNSAFE ACT	
<input type="checkbox"/> SAFETY CONCERN	<input type="checkbox"/> UNSAFE CONDITION OF AREA	
<input type="checkbox"/> SAFETY IDEA / SUGGESTIONS	<input type="checkbox"/> UNSAFE CONDITION OF THE EQUIPMENT	

Describe the potential incident/hazard/concern and possible outcome (in as much detail as possible):

Suggestion/Recommendation for prevention:

Corrective Actions Taken:

Supervisor Signature:

Date: