



ACCIDENT REPORT
NEAR MISS ACCIDENT REPORT FORM

SECTION I (to be completed by employee)

Employee: _____ Department: _____

Position: _____ Number of years in this position: _____

Was regular job being performed: ☐ Yes ☐ No

Was safety equipment being used: ☐ Yes ☐ No

Is safety equipment provided: ☐ Yes ☐ No

Exact location of "near miss" accident (be precise): _____

Date of "near miss" accident: _____ Time: _____

Work being performed (be specific): _____

Describe what happened: (contributing conditions, equipment, circumstances, or personal actions - how and why did "near miss" accident occur): _____

Was there damage to City equipment, City property, or another party's property? ☐ Yes ☐ No

Equipment or vehicle # _____ Describe damage: _____

Was there potential for personal injury? ☐ Yes ☐ No

Please describe: _____

What could be done to prevent recurrence? (training, mechanical change, procedure change, etc)

Date

(over)

Employee's Signature

SECTION II (to be completed by Supervisor)

Comments, additions, or points of disagreement with above: _____

I have reviewed the report and have taken action to correct the situation as follows: _____

Date corrective action, if necessary, to be completed by: _____

Supervisor's Signature

Date

Distribution:
Human Resources Manager for Safety Committee (original)
Employee's Department Head (copy)