

Near Miss Report

Date: _____ Time: _____ Job #: _____

Foreman: _____

Employee Name: _____

Location of Near Miss: _____

What potential injury or damage could have resulted?

Contributing factors and root causes (inexperience, poor training, lack of procedure, lack of proper tools, supervision, poor communication, etc.)

Actions taken to prevent re-occurrence:

Witnesses: _____

Others involved? _____

Signature of superintendent and employee

STOMPER COMPANY, INC.

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