

Accident/Incident/Near Miss Report Form.

Date: _____ Time: _____ Was it an: Accident? Incident? or Near Miss?

Exact Location: _____

Person(s) _____ Witness(es): _____
Involved: _____

What happened? (Be specific) _____

What caused it to happen? _____

Extent of Injuries: _____

Treatment given: _____

Extent of damage: _____

Corrective Action already taken: _____

Further Corrective action recommended: _____

Follow-up notes: _____

Form completed by: _____