

Caldwell County Near-Miss Reporting Form

Proactively approaching Workplace Safety

Please Complete and submit to Safety Coordinator or Human Resources

Near-Miss Description

Name of employee(s) involved:

Date _____

Time _____

Location:

Describe the near-miss incident– what lead up to the incident, what prevented the incident from being worse?

Is this something that is likely to occur again?

If so, how can this near-miss incident be prevented, and prevented from becoming worse?

Other Recommendations:

Name of individual completing this form _____

Dept. _____

work phone: _____

**For Safety Office Use: Presented to
Safety Committee on Date _____**