



ENVIRONMENTAL HEALTH & SAFETY

The University of Alabama at Birmingham

NEAR-MISS REPORT

1. Name of Person involved (Last, First, Middle Initial)		2. Title/Position of Person Involved	
3. Name of Person Completing Form (Last, First, Middle Initial)		4. Title of Person Completing Form	
5. Department		6. Contact Phone Number	
7. Witness Name (Last, First, Middle Initial)		8. Witness Phone Number	
9. Date & Time of Incident Date: _____ Time: _____ AM/PM		10: Near-Miss Location – Site of Incident (Building name, Room No., Stairs, Hallway, etc.) If outside of building, give location in reference to nearest building. _____ _____	
11. Near-Miss Description (Describe fully the protocol/procedures being followed including all substances, equipment, and machinery being used which was related to the near-miss Use additional sheets if necessary) USE BACK OF FORM IF NECESSARY. . _____ _____ _____ _____			
12. Personal Protective Equipment (PPE) Used (if applicable) 			
13. Severity – Circle the level of severity which you feel could occur if such an incident evolved (Example: High = fatality, permanent disability, high dollar loss; Medium = temporary disability, some dollar loss; Low = minor or no injury, no lost dollar. Consider such factors as physical injuries, damage to equipment or property, and environmental impact) <div style="display: flex; justify-content: space-around;">HIGHMEDIUMLOW</div>			
14. Probability – Circle the level of probability that a person or property may be exposed to a similar situation, and that required hazards or system failures may be present or likely. (Example: High = tasks occur frequently and by numerous individuals; Medium = tasks occur on a regular basis by certain individuals; Low = tasks occur infrequently by few individuals. Also consider such criteria as complexity of the system, latent and human factors, etc.) <div style="display: flex; justify-content: space-around;">HIGHMEDIUMLOW</div>			
15. Miscellaneous Information (Provide any other information or recommendations which you feel are pertinent to the incident) _____ _____ _____ _____ _____ _____			
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16. Corrective Actions (what should be done or has been done to prevent recurrence of this incident? (Employee training, change of procedures, purchasing of equipment, etc.) _____ _____ _____			