



Accident / Near Miss Reporting and Investigation			
CITY OF APPLETON POLICY		SECTION:	Safety
ISSUE DATE:	October 2002	LAST UPDATE:	April 2019
POLICY SOURCE:	Human Resources Department		
POLICY AUDIENCE:	All Employees and Volunteers		

I. PURPOSE

The purpose of this policy is to outline responsibilities and procedures for supervisors and employees when involved in accidents or injuries on work time, prevent future accidents, and to meet both the Wisconsin Department of Safety and Professional Services and State Department of Workforce Development **recording record-keeping** requirements. **In addition, the purpose of this policy is to ensure all near miss incidents are reported, documented, investigated and remediation steps are taken as needed to prevent recurrence.**

II. POLICY

The City is committed to working with its employees to provide a safe work environment and to manage and administer claims as a result of City accidents. ~~In order to~~ To prevent future accidents, timely and accurate ~~accident~~ investigations ~~are is~~ essential. This policy provides guidelines for proper investigation. Where applicable, Valley Transit may follow different reporting and investigation procedures as established by Transit Mutual Insurance Corporation of Wisconsin. Failure to follow this policy or filing a false claim may result in disciplinary action, up to and including discharge.

III. PROCEDURES

All City of Appleton employees and volunteers should adhere to the following procedures when an **accident, injury or near miss ("incident")** ~~accident or injury~~ occurs. **All accidents and injuries incidents** must be immediately reported to the employee's supervisor and to the Human Resources Department. A supervisor must fully investigate the incident and work with ~~his/her~~ **their** employee to complete and return the **appropriate forms accident reports** (Exhibits A and B) and if applicable, any witness reports (**Exhibit C**), to Human Resources within 48 hours of the ~~incident accident or injury~~.

Should a supervisor have reasonable suspicion ~~to believe~~ that an employee is under the influence of alcohol or drugs and is involved in any motor vehicle incident, injury to themselves or others, or property/equipment damage, the supervisor should follow the procedures outlined in the City's Drug-Free Workplace policies.

A. Motor Vehicle & Mobile Equipment (e.g., Forklifts, Boats, Mowers, Pay Loaders, Skid Steers, Aerial Lifts, Tractors, etc.) Incidents

1. **For only motor vehicle and mobile equipment incidents that occur on public roads, immediately call 911 and report the accident to your supervisor. Do not call 911 for motor vehicle or mobile equipment incidents that occur on private property unless emergency medical treatment is needed for injuries.**

2. Post-accident **Drug/Alcohol** Testing – Employees who are involved in an incident while operating a motor vehicle or City **mobile** equipment may be required to submit to testing based on the circumstances.
3. The filing of a State Accident Report is at the discretion of the Police Department, per State guidelines.
4. **Discipline Process for Preventable Motor Vehicle & Mobile Equipment Incidents** – The following process has been established to ensure a fair and consistent approach when determining preventable and non-preventable vehicle and equipment incidents within our organization.
 - a. **Definitions:**
 - i. **Preventable Incident:** An incident that could have been avoided if the driver had exercised reasonable care and followed established safety procedures.
 - ii. **Non-Preventable Incident:** An incident that occurs due to circumstances beyond the driver's control, such as adverse weather conditions, mechanical failure, or the actions of another driver.
 - b. **Determining Preventability:** Preventability shall be determined based on whether the driver could have reasonably anticipated and avoided the incident through the exercise of proper care and adherence to established safety protocols. Factors such as driver behavior, adherence to traffic laws and department policies, road conditions, job expectations of the employee, and visibility shall be considered in the determination of preventability.
 - c. **Rating System:** Incidents shall be categorized into preventable and non-preventable based on the findings of the investigation. A rating system shall be used to assess the severity of preventable incidents and determine the appropriate level of disciplinary action.
 - d. **Disciplinary Action:**
 - i. **Preventable Incidents:** The severity of disciplinary action for preventable incidents shall be determined based on the following rating scale:
 1. **Minor Incidents (Rating 1):** Minor incidents resulting in minimal damage (e.g., small dents, scratches, cosmetic issues, etc.) to either vehicles, mobile equipment, or other property with no injuries. Disciplinary action should include either a documented verbal warning and/or written warning.
 2. **Moderate Incidents (Rating 2):** Incidents causing moderate damage (e.g., larger dents, cracks, broken mirrors or lights, damage to bumpers, etc. that requires more significant body work or replacement of parts) to either vehicles, mobile equipment or other property and/or resulting in minor injuries. Disciplinary action should include a written warning, suspension of driving privileges, and/or mandatory retraining.
 3. **Major Incidents (Rating 3):** Incidents causing significant damage (e.g., key components of the vehicle are affected, such as the engine, transmission, suspension, etc. that often renders the vehicle unsafe or impossible to drive until repairs are made) to either vehicles, mobile equipment, or other property and/or resulting in serious injuries or fatalities. Disciplinary action should include a suspension, termination or suspension of driving privileges, and/or termination of employment.

The specific disciplinary action taken shall be determined based on the severity of the offense, employee's history of preventable accidents, the employee's prior

- disciplinary history, and any other mitigating circumstances. Documentation of any disciplinary action taken should be sent to the Human Resources Department.
- ii. **Non-Preventable Incidents:** Employees involved in non-preventable incidents shall not be subject to disciplinary action, provided they were following all applicable laws, established departmental and City policies at the time of the accident. Non-preventable incidents may still be subject to review for opportunities to improve safety procedures and prevent future accidents.
 - e. **Appeals Process:** Employees shall have the right to appeal disciplinary actions resulting from preventable incidents through the organization's established grievance procedures.

B. Injuries to a City Employee

1. When ~~an the~~ injury occurs: the employee shall immediately notify ~~his/her~~ their supervisor. The employee or the supervisor should also contact the ~~appropriate~~ Police Department if the injury is a result of a motor vehicle, violent act, or domestic animal bite.
2. If immediate medical attention is needed, call 911 ~~or Gold-Cross for non-emergencies (920-727-3034)~~. The employee's supervisor may also provide transportation.
3. Fatalities or life-threatening injuries should be immediately reported to the employee's Department Director and Human Resources. To contact the HR Department during normal work hours, call (920) 832-6458. Outside of normal work hours, contact either the Human Resources Director or Human Resources Deputy Director. The Human Resources Department must contact the Wisconsin Department of Safety and Professional Services within 8 hours in the event of any of the following: a) a work-related employee fatality or b) the hospitalization of 3 or more employees due to one single work-related event.
4. If immediate medical attention is not needed, the employee may obtain treatment from ~~his/her~~ their choice of medical providers. Employees must have a physician's authorization for time lost due to a work-related injury.
5. If medical attention is sought, the employee must submit a return-to-work slip (~~e.g., Exhibit C E~~) to their supervisor prior to returning to work.
6. If medical attention is not sought, the employee shall log the injury into the department's first aid log, which should be initialed by a supervisor.
7. If the incident includes a possible bloodborne pathogens exposure, refer to the City's Bloodborne Pathogen policy.
- ~~8. The City has the right to verify an injury/illness through an independent medical exam.~~

C. Injuries to the Public or Damage to Property Not Owned by the City of Appleton

1. All incidents resulting in an injury requiring emergency medical services to any person not employed by the City of Appleton or damage to property not owned by the City of Appleton should be immediately reported to 911, the employee's supervisor and the Human Resources Department.
2. Supervisors should take pictures of any physical damage that was caused if possible.
3. Employees should not admit liability, discuss City operations or comment on any incident or accident involving members of the public.
4. If a citizen wishes to file a claim against the City, ~~he/she~~ they should be directed to the City Clerk's office. The Clerk's office will forward the claim to the Human

Resources Department for follow up and response to the claimant.

D. Damage to City Property or Equipment

City owned automobiles, equipment and other property that are damaged by fire, theft, vandalism, etc., are considered property damage claims. All damage should be reported to the employee's supervisor immediately.

1. If vandalism or a theft loss occurs, notify the **appropriate** Police Department.
2. If a fire occurs, notify the **appropriate** Fire Department.
3. Supervisors should take pictures of any physical damage that was caused if possible.
4. A minimum of 2 repair estimates will be required if third party automobile repairs are needed and only if the vehicle can be driven under its own power.
5. If a third party caused damage to City property, the Human Resources Department will work with the third party's liability insurance company to recover any costs the City incurs. If a third party causes damage to City property through a criminal act, the Human Resources Department will work with the **appropriate district attorney's office** ~~City Attorney's Office~~ to recover the cost the City incurs. Any monetary recoveries shall be reported to the Human Resources Department and sent to the Finance Department.

E. Near Misses

A near miss is an opportunity to improve health and safety in the workplace based on a condition or an incident with the potential for more serious consequences, including: events where injury could have occurred, but didn't; events where property damage could have resulted, but didn't; or events where potential environmental damage could have resulted, but didn't. An employee who witnesses or experiences a near miss incident should complete the Near Miss Report form (Exhibit F) and submit it to their supervisor. All near miss incidents should be investigated to identify the root cause(s). Investigation results should be used to improve safety systems, hazard controls, risk reduction and to educate employees. All of these represent opportunities for training, feedback on performance, and a commitment to continuous safety improvement. Near miss reporting is required and employees will not be subject to progressive disciplinary measures unless the behavior coincides with one of these serious offenses: intentional breach of safety policies, acts of gross misconduct (e.g. possession of alcohol and/or illicit narcotics during worktime or while operating city vehicles or equipment, etc.) malicious reporting or unsubstantiated allegations against a co-worker, or workplace violence. Near miss reports and their investigations should be reported to Human Resources.

F. Significant Accidents & Incidents (for non-public safety critical incidents)

For larger accidents and incidents, an accident review team will be created. This team will consist of designated members representing relevant departments and expertise, appointed by the Mayor and/or Human Resources. A coordinator shall be appointed to lead this team and to coordinate all activities related to the accident/incident review. This team shall conduct a thorough investigation of the accident/incident, considering all relevant factors such as human factors, equipment failure, environmental conditions, and organizational processes. The team may request assistance from external experts or consultants, if necessary to ensure a comprehensive analysis. Upon completion of the investigation, the team shall analyze the findings to identify

root causes and contributing actions. Based on the analysis, the team shall develop actionable recommendations aimed at preventing recurrence and improving safety performance. A comprehensive report detailing the findings, analysis and recommendations of the incident review will be provided to the Mayor and the applicable Department Director.

IV. RESPONSIBILITIES

A. The Human Resources Department is responsible for:

1. The overall coordination of the accident investigation program, including:
 - a. Monitoring and reviewing all investigations to ensure accuracy and prompt response.
 - b. Providing technical assistance to supervisors when needed.
 - c. Offering training for all individuals who conduct incident / near miss investigations and root cause analyses.
 - d. Following up, as needed, to see ensure that recommendations made as a result of an investigation are evaluated and that an appropriate course of action is taken.

B. Each Department Director (or designee) is responsible for:

1. Ensuring that an investigation and a root cause analysis is completed for every work injury, accident or near miss that involves his/her their employee(s) and reviewing all investigations to ensure accurate and prompt response.
2. Evaluating recommendations that come out of each accident investigation and taking appropriate actions to prevent future accidents.
3. Following up to see that corrective action(s) are is implemented.
4. Ensuring all City accident investigation forms are completed and submitted within 48 hours to Human Resources.

C. Supervisors are responsible for:

1. Promptly reporting all accidents to Human Resources. Contacting Human Resources as soon as possible if a serious accident occurs or if the employee seeks medical treatment or misses work due to an injury sustained on the job.
2. Investigating and documenting all accidents properly, including completing and submitting the proper accident report (Exhibit A and B) within 48 hours to Human Resources.
3. Complete a root cause analysis of the incident and submitting a completed report (Exhibit D) to both Human Resources and the appropriate Department Director within one (1) week of the incident.
4. Obtaining written witness statement(s) (see Exhibit C), when applicable. Witnesses should be given this form immediately after an incident to complete and then returned to the appropriate supervisor. Supervisors may complete this form, on behalf of the witness, if the witness is unable to complete this form.
5. Working with the Human Resources Department, the employee and his/her their medical provider to return the employee to work on restricted or full duty.
6. Obtaining the employee's completed Return-to-Work Slip (Exhibit E), for as long as necessary, prior to the employee returning to work. The supervisor should forward this form to Human Resources upon receipt from the employee or employee's physician.

D. Employees are responsible for:

1. Reporting all accidents immediately.
2. Cooperating fully with a City investigation.
3. Complete Exhibit A – “Employee’s Account” form for all incidents and submit this information to their supervisor in a timely manner.
4. ~~Working with his/her their supervisor to complete and submit the Accident Investigation Report (Exhibits A and B) to Human Resources within 48 hours of the accident or injury.~~
5. Providing a completed Return-to-Work slip (Exhibit ~~C~~ E) to ~~his/her~~ their supervisor prior to returning to work if ~~he/she~~ they sought medical treatment or missed work due to an accident or injury sustained on the job. If the injury or accident results in an extended absence, the employee is required to keep in contact with ~~his/her~~ their supervisor and/or HR Generalist to keep the City informed of ~~his/her~~ their progress and anticipated treatment plan.
6. Ensuring that a supervisor initials ~~his/her~~ their first aid log entry if the employee chooses to not seek formal medical treatment.

City of Appleton Incident / Accident Report Form – Employee’s Account | Exhibit A

Employee Name (<i>Print</i>):			
Employee ID:		Employee’s Department:	
<u>Type of Incident / Accident: (check all that apply below)</u>			
<input type="checkbox"/>	Employee Injury	<input type="checkbox"/>	Injury to Public
<input type="checkbox"/>	City Vehicle / Equipment / Property Damage	<input type="checkbox"/>	Public Vehicle / Equipment / Property Damage
Date and Time of Incident / Accident:			
Location of Incident / Accident:			
Witness Name(s), if applicable:			
Describe how the incident/accident occurred (if additional space is needed; use a separate page):			
Describe any injuries received by the employee or the affected public (if applicable); be specific:			
Did you (for employee injuries only) seek medical treatment? ____ Yes ____ No If “yes” response, I understand that I must provide a return-to-work certificate signed by my medical provider to my supervisor after every visit. _____ (<i>initial here</i>) Name of medical facility: Name of medical doctor seen:			
Provide description of City vehicle(s) / property / equipment involved in the accident:			
Describe damage to City property (vehicles, equipment, etc.) and any damage to the affected public’s property (if applicable); be specific:			
What suggested changes do you have that, if made, might make it less likely for a similar incident / accident to occur in the future?			

The above statement(s) are true and correct to the best of my knowledge.

Employee Signature: _____

Date and Time Signed: _____

City of Appleton Incident / Accident Report Form – Supervisor’s ~~Investigation Report~~ | Exhibit B

INSTRUCTIONS:

- Incidents/accidents involving city vehicle and equipment (except for Valley Transit) must be reported to CEA (~~Fax #: 832-5570~~ or E-mail: Bruce.Brazee@appletonwi.gov).
- Incidents/accidents involving damage to city property should be reported to Dean Gazza (E-mail: Dean.Gazza@appletonwi.gov).
- **The employee’s report form, supervisor’s report form and applicable witness statement(s) must be sent to HR (~~FAX TO 832-5845~~ or e-mail accidentreporting@appletonwi.gov) and the appropriate Department Director within 48 hours.**

Employee Name (<i>Print</i>):	
Date of Incident / Accident:	
Date Incident / Accident Reported:	
Police Incident # (<i>if applicable</i>)	

Check here if there were witness(es) to this incident/accident. If so, obtain written witness statements (*use form under Exhibit B*).

Check here if there is security or traffic camera footage of this incident/accident. If so, download this camera footage and send a copy to the Human Resources Department.

Did employee seek medical treatment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Where:
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Did employee lose time from work?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Last day worked:
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Incident / Accident Description: Provide a detailed description of the incident (*include any pertinent photographs, diagrams and police reports or police report numbers*). Aid for diagrams (show vehicles/equipment as follows: City – “A” & Other – “B”). In addition, label street signs, location of signs and point of impact between vehicles and/or equipment. If additional space is needed; use a separate page.)

Supervisor (next steps): Complete a root cause analysis and determine the corrective action(s), if any, needed to be taken to prevent recurrence.

Employee’s Signature _____ Date _____

Supervisor’s Signature _____ Date _____

Reviewed by Director’s Signature _____ Date _____

City of Appleton Witness Reporting Form | Exhibit C

Witness Name (<i>Print</i>):			
Witness Address:			
Witness Phone:			
Date & Time of Incident/Accident:			
This form was completed by (<i>Print Name</i>):			
Is witness a City employee?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Were you at the accident scene?	<input type="checkbox"/>	<u>Before</u> the accident occurred.	
	<input type="checkbox"/>	<u>While</u> the accident was occurring.	
	<input type="checkbox"/>	<u>After</u> the accident occurred.	
Please answer the following. If additional space is needed; use the back of this form or additional sheets.			
1. Who was involved in the accident?			
2. Describe in detail the events that occurred <u>before</u> the accident as you remember them.			
3. When did the accident happen?			
4. How did the accident happen?			
5. If there were significant factors (e.g., poor weather conditions, equipment malfunction, etc.) that may have contributed to the cause of this accident, list them here.			

(Use back for a diagram, if necessary.)

Signature: _____

Date: _____

**City of Appleton Incident / Accident Report Form – Root Cause Analysis | Exhibit D
(Page 1 of 2)**

INSTRUCTIONS:

- All completed root cause analysis reports should be sent to HR (e-mail to: accidentreporting@appletonwi.gov) as well as the appropriate Department Director within one (1) week of the incident / accident occurrence.
- Understanding why an accident took place depends upon identifying the factors that contributed to the incident/accident. These factors, better known as root causes, are the underlying reasons why the accident occurred.
- Determining the root cause(s) is the result of persistently asking key questions, such as: what happened, how did it happen, why did it happen and what needs to be corrected. It is common to find factors that contributed to the incident in several of these areas: equipment/machinery, tools, procedures, training or lack of training, and work environment.

Root cause analysis for (list affected employee’s name and date of incident/accident):

<u>Employee Name:</u>	<u>Incident/Accident Date:</u>
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Identify system problems that likely contributed to the incident / accident:

<p><u>Management Consider:</u></p> <p>Policy enforcement Hazard recognition Hazard correction Accountability Supervisor training Production priority Proper resources Safety training Hiring practices Adequate staffing</p>	<p align="center"><u>Management Systems:</u></p>	<p align="center"><u>Employees Systems:</u></p>	<p><u>Employee Consider:</u></p> <p>Procedures followed Shortcuts taken Properly trained Experience with task Physically able to do the work. PPE used Stressful conditions Safety attitude Distractions</p>
<p><u>Equipment Consider:</u></p> <p>Proper tool(s) selection Tool availability Maintenance issues Visual warnings Adequate guarding Correct tool use Equipment design</p>	<p align="center"><u>Equipment Systems:</u></p>	<p align="center"><u>Environment Systems:</u></p>	<p><u>Environment Consider:</u></p> <p>Workplace layout Chemicals used Temperature Noise Weather Terrain Vibration Ergonomics Lighting Ventilation Housekeeping Biological</p>
<p><u>Processes Consider:</u></p> <p>Clear work instructions and procedures Change(s) in process Communication</p>	<p align="center"><u>Process Systems:</u></p>	<p align="center"><u>Material Systems:</u></p>	<p><u>Materials Consider:</u></p> <p>Defective materials Wrong type of material for the job Not enough raw materials</p>

City of Appleton Incident / Accident Report Form – Root Cause Analysis | Exhibit D
(Page 2 of 2)

Recommended Corrective Actions to Prevent Future Incidents (check all that apply):					
<input type="checkbox"/>	Isolate or guard the hazard	<input type="checkbox"/>	Improve lighting	<input type="checkbox"/>	Improve employee orientation / training
<input type="checkbox"/>	Design out / remove hazard	<input type="checkbox"/>	Develop or revise policy / procedures	<input type="checkbox"/>	Conduct more frequent inspections
<input type="checkbox"/>	New / different tools or equip	<input type="checkbox"/>	Additional training	<input type="checkbox"/>	Improve prev. maintenance program
<input type="checkbox"/>	Add signs / warning labels	<input type="checkbox"/>	Improve ventilation	<input type="checkbox"/>	Improve enforcement of procedures
<input type="checkbox"/>	Install noise engineering controls	<input type="checkbox"/>	Improve job procedures	<input type="checkbox"/>	Conduct toolbox talks/safety briefings
<input type="checkbox"/>	Reconfigure work area	<input type="checkbox"/>	Obtain new personal protective equipment	<input type="checkbox"/>	Purchase less hazardous chemicals
<input type="checkbox"/>	Improve housekeeping	<input type="checkbox"/>	Improve ergonomics	<input type="checkbox"/>	Review requirements for job position
<input type="checkbox"/>	Other:				
<input type="checkbox"/>	Other:				
<input type="checkbox"/>	Other:				
<input type="checkbox"/>	Other:				
<input type="checkbox"/>	Other:				
<input type="checkbox"/>	Other:				

Describe correction action(s) that will be taken to prevent recurrence:		
<i>What will be done?</i>	<i>Who will do it?</i>	<i>When will it be done?</i>

Completed by: _____

Date: _____

Employee Return-to-Work Form | Exhibit E

EMPLOYEE WORK RESTRICTIONS

Patient Name: _____

Current Job: _____

Physician Name (please print): _____

Phone: _____ Fax: _____

Date you saw patient: ____-____-____ Time In: _____ Injury Date: ____-____-____

Patient Description of Injury: _____

Diagnosis: _____

Treatment: _____

Prescription strength medications ordered: Yes No

Medications: _____

Plan: _____

- DISPOSITION:
1. Patient is unable to work at this time.
 2. Recommend his/her return to work with no limitations on (DATE): _____
 3. He/She may return (DATE) _____ with a daily time limitation of _____ and/or with the following limitations until _____ or until re-evaluation on _____.

Part Time 1st Shift Sun. Thurs.
 Full Time 2nd Shift Mon. Fri.
 Seasonal 3rd Shift Tues. Sat.
 Temporary Swing Wed.
 Next scheduled work day _____
 Shift _____
 Shift Supervisor _____

CHECK ONLY AS RELATES TO ABOVE CONDITION

- SEDENTARY WORK.** Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as docket, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.
- LIGHT WORK.** Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arms and/or leg controls.
- LIGHT MEDIUM WORK.** Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- MEDIUM WORK.** Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
- LIGHT HEAVY WORK.** Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- HEAVY WORK.** Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

N=Never/Not Able				F=Frequent up to 30x/hr.			
O=Occasional up to 4 times/hr.				C=Constant over 30x/hr.			
Specify Restrictions for 24 day							
	N	O	F	C			
Sitting/Driving					Lab Work	Yes ___	No ___
Standing/Walking							
Climbing					X - Rays	Yes ___	No ___
Bending							
Kneeling/Squatting/Crawling							
					R	L	BIL
Reaching-Horiz./push-pull							
Reaching-Vert./above shoulder							
Gross Handling							
Finger Manipulation							
Single Grasping							
Repetitive Foot Movement							

OTHER INSTRUCTIONS AND/OR LIMITATIONS:

SCHEDULED APPOINTMENTS:

- Referral Clinic _____ Date: _____ Time: _____
- Referral Clinic _____ Date: _____ Time: _____

Time Out: _____ • Called Employer Date _____ Signature _____

I hereby authorize my attending physician and/or hospital to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified on this form to my employer or his representative.

PATIENT'S SIGNATURE

Date

PHYSICIAN'S SIGNATURE

Date

Near Miss Incident Report Form | Exhibit F

Instructions: Complete this form to report all near miss events observed or experienced that could have caused an injury, illness, and/or property damage. Some examples of near misses are unsafe conditions (trip hazards in a walkway, etc.) or unsafe acts (improper use of equipment, use of faulty equipment, or not following proper procedures, etc.). Provide as much detail as possible to facilitate a thorough analysis. All information provided in this report will be used solely for the purpose of improving safety measures. Names of individuals are not required but will assist in directing follow-up questions to improve overall safety. Submit this completed form to your immediate supervisor for further action.

Name (optional):	Department:
Date of Incident:	Time of Incident:
Name of witnesses (if any):	
Description of the Near Miss Incident (provide a detailed description, including what happened, where it occurred, and any contributing factors or hazards observed), use the back of this form as necessary:	
Describe any immediate actions taken to address the near miss incident, including any corrective measures implemented to prevent recurrence (use the back of this form as necessary):	
What additional changes or actions do you suggest be taken to prevent this near miss from happening again (use the back of this form as necessary)?	