



Near Miss Report

This report is to be filled out by any employee involved in or witnessing a near miss. A near miss is an incident that did not result in any personal injury, property damage or production interruption. It is a very important indicator of potentially harmful future accidents.

Department _____

Date of incident ___/___/___ Day of week _____ Time of incident _____ a.m./p.m.

Location _____

Description of incident or potential hazard _____

Employee signature _____ Date _____
(Optional)

Give to supervisor or designated personnel.

Corrective action taken _____

Supervisor signature _____ Date _____

Management review _____ Date _____

File in Mountrail County Auditor's Office
