

R-Tech Tool & Machine, Inc.

Near Miss Report

Complete this form within 24 hours of an incident that did not require medical attention
(Please Print)

Name: _____ Department: _____

Incident Date: _____ Time of Incident: _____ AM/PM

Exact location of incident:

Describe incident in full detail (what, how, where, machinery, etc, involved):

To whom did you report this? _____ Date: _____ Time: _____ AM/PM

List any witnesses:

Part(s) of body affected (if any):

Is there potential for you to seek medical treatment? Yes No

Was incident caused by an unsafe act (activity/movement) or an unsafe condition (machinery, weather)? Please explain:

What could be done to correct this?

SIGNATURE: _____ DATE: _____

RETURN TO YOUR SUPERVISOR TO COMPLETE SUPERVISOR'S NEAR MISS REPORT