

INCIDENT REPORT: NEAR MISS

TYPE OR PRINT ALL INFORMATION

1. Job Information (Complete all fields)

Job #:	Job Name:	Customer Name:
Supervisor:		Phone #: - -
Incident Street Address:		
City:	State:	Zip:
Incident Involves: <input type="checkbox"/> BSP Employee <input type="checkbox"/> Owner Representative <input type="checkbox"/> Visitor (please specify): <input type="checkbox"/> Subcontractor's Employee (Subcontractor Company Name:)		

2. Personal Details

Incident Involves: <i>(List all that apply)</i> <input type="checkbox"/> BSP Employee – Name(s): <input type="checkbox"/> Subcontractor's Employee (Subcontractor Company Name:) – Name(s): <input type="checkbox"/> Owner Representative – Name(s): <input type="checkbox"/> Visitor (please specify): - Name(s):		
Date Near Miss occurred:	Time of Near Miss: : <input type="checkbox"/> AM <input type="checkbox"/> PM	Date Reported: / /
*Witness 1 Name:	*Witness 2 Name:	
Phone #: - -	Phone #: - -	
*Submit Incident Witness Form with this report. Each witness of this incident should complete an Incident Witness Form.		

3. Incident Details / Description (If additional space is needed, use a separate sheet of paper.)

What work was being done (if any) at time of near miss?

What happened to cause near miss?

What are potential damages or injuries that could have occurred?

All incidents must verbally be reported immediately to the Safety Department following the occurrence. This written incident report must be SIGNED and sent to the Safety Department within 24 hours after occurrence. If you have any questions, contact the Safety Department at .

*** I agree that the information contained in this report is true and accurate to the best of my knowledge.***

SUPERVISOR'S SIGNATURE: _____ DATE: _____