

# NEAR-MISS REPORT

Forward Original to  
**ENVIRONMENTAL HEALTH AND SAFETY OFFICE**  
 2040 East-West Road  
 Honolulu, Hawaii 96822-2320

1. Name of Person Involved (Last, First, Middle Initial)	2. Title of Person Involved
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3. Name of Person Completing Form (Last, First, Middle Initial)	4. Title of Person Completing Form
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5. Department	6. Contact Phone Number(s)	7. Witness (Name and Phone no.)
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<b>8. Date and Time of Incident</b>  Date: _____ Time: _____ AM _____ PM	<b>9. Near-Miss Location</b> Site of incident (Bldg. name, Room no., stairs, hallway, etc.). If outside of building, give location in reference to nearest building, eg. on mall mauka of Bilger Hall.  _____ _____
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**10. 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.)

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**11. Personal Protective Equipment (PPE) Used** (if applicable)

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**12. 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 lost dollar; Low = minor or no injury, no lost dollar. Consider such factors as physical injuries, damage to equipment/property, and environmental impacts)

**HIGH**

**MEDIUM**

**LOW**

**13. Probability** — Circle the level of probability which you feel that a person or property may be exposed to in 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.)

**HIGH**

**MEDIUM**

**LOW**

**14. Corrective Actions** (What should be done or has been done to prevent recurrence of his incident? e.g. employee training, change of procedures, purchasing of equipment, etc.)

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**15. Miscellaneous Information** (Provide any other information or recommendations which you feel are pertinent to this incident)

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