

NEAR MISS REPORT
MCLBA Form 11401 (8-10)

File Number:

1. I believe a condition or behavior exists which is a safety or health hazard to our personnel or property. I am a:					
Civilian	<input type="checkbox"/>	Military	<input type="checkbox"/>	Employee Representative	<input type="checkbox"/>
Contractor	<input type="checkbox"/>	Other	<input type="checkbox"/>		

2. Does this condition or behavior immediately threaten life or health?	YES	NO
---	-----	----

3. Please check the appropriate type of near miss:					
Employee Action or Behavior	<input type="checkbox"/>	Use of Equipment	<input type="checkbox"/>	Workplace Condition	<input type="checkbox"/>
Equipment Defect	<input type="checkbox"/>	Other	<input type="checkbox"/>		

4. When did you observe the near miss condition or behavior? Date:	Time:
--	-------

5. Please specifically identify the building, worksite, or other location where you observed the near miss.

6. Supervisor (if known) at this location is:	and phone number is:
---	----------------------

7. Briefly describe your observation of the condition, behavior, or action you believe is a near miss: (Who was involved, What is the unsafe/unhealthful condition, What unsafe/unhealthful behavior did you observe)
--

8. Describe the injury or property damage that could occur if this near miss is not corrected?
--

9. Number of employees exposed to or threatened by the condition, behavior, or action:
--

10. If known, list any safety or health standard which you believe may apply.

11. What are your suggestions to correct the unsafe/unhealthful condition or behavior?
--

12. Has this near miss been reported to, discussed with, or brought to the attention of a supervisor?	Yes	No
---	-----	----

13. If yes, please give the results, including any efforts by management to correct the condition or behavior.
--

14. Name (optional):	Phone number (optional):	Email (optional):
----------------------	--------------------------	-------------------

15. If you are a representative of employees, provide name of your organization.
--

This Section for Use by Supervisor, Unit Safety Officer, or RMO Safety Specialist	
Investigation Results and Corrective Actions:	

Notified Person Submitting the Near Miss Report on: (Attached relevant correspondence)	Via:
---	------

Name:	Date Closed:
Position:	