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Date of Incident		Time of Incident	
Company Name		Location	
Site Supervisor		Phone #	

Names and contact information for individuals involved in Incident		Names and contact information for Witness' to this Incident	
Individuals taken for Drug/Alcohol Testing		Company names of individuals taken for Drug/Alcohol Testing	
Task and Activity at time of the Incident	General Task		Supervision at time of Incident <input type="checkbox"/> Directly Supervised <input type="checkbox"/> Indirectly Supervised <input type="checkbox"/> Not Supervised <input type="checkbox"/> Supervision not feasible
	Specific Activity		
	Employee working	<input type="checkbox"/> Alone <input type="checkbox"/> With fellow co-worker(s)	
Specific location of Incident		Weather conditions at time of the Incident	

<p>Describe how the Incident occurred</p>		
<p>Incident Sequence (Describe in reverse order of occurrence events preceding the incident. Starting with the injury and moving backward in time, reconstruct the sequence of events that led to the incident.)</p>	<p>Incident Event</p>	
	<p>Preceding Event #1</p>	
	<p>Preceding Event #2</p>	
	<p>Preceding Event #3</p>	
<p>Causal Factors (Events and conditions that contributed to the incident. Be sure and describe in detail if the proper safety equipment was being used and if it was used correctly.)</p>		
<p>Corrective Actions (Those that have been, or will be, taken to prevent recurrence.)</p>		

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Pictures of Incident		

Name of Investigator		Company Name	
Signature		Date	