



**Near Miss, Incident, Accident Reporting**

Date: \_\_\_\_\_ Year \_\_\_\_\_

Quarter:  1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>

Employee(s) \_\_\_\_\_

Location: \_\_\_\_\_

Job Number \_\_\_\_\_

**Description and Cause (Basic/Immediate)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Approximate Cost of Event (Details)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Corrective Action Plan(s) to address Basic and Immediate causes**

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\_\_\_\_\_

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\_\_\_\_\_

**Signatures:**

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**Date:**

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