



MINOR - Incident and Near Miss Investigative Report

REPORT FOR **EMPLOYEE**

Report #:

Today's Date:

Date of Occurrence:

Name of Employee _____ Department/Branch _____

Incidents: An unplanned event that interrupts the completion of an activity that includes *minor*, non-life threatening personal injury/illness and/or minor damage to property or the environment. **Near Miss:** An incident where no personal injury/illness, property or environmental damage actually occurred, but, given a slight shift in time or position, could have occurred.

Description of: Incident: _____ Near Miss: _____ Due to: Unsafe Act _____ or Unsafe Condition: _____

Location of Incident: _____

Did you take any corrective action? No ___ Yes ___ What actions?

Additional Recommendations:

Supervisor's Name: _____
(please submit completed form to your Supervisor)



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RESPONSE BY **SUPERVISOR**

Date of Review:

Supervisor's Investigation Findings:

Additional corrective actions required by Supervisor: No ___ Yes ___ What actions?

Supervisor's Signature: _____
(please submit completed form to JHSC)