NEAR-MISS REPORT FORM

This form should be completed by any employee who witnesses a near-miss incident, such as collapsing shelves, items falling from height, charred or burnt electrical equipment; a slip on a surface, where the person did not actually fall or any other type of incident that had the potential to hurt an employee.

Your name:	
Your job title:	
Location of near-miss:	
Date of near-miss:	
Time of near-miss:	
Please describe the near-miss which you witnessed below:	
Names of any other witnesses:	

Signature: ..... **Date:** .....

Please send all completed forms to HRSafety@cityofomaha.org and your supervisor.

All near-misses will be reviewed by applicable supervisors and/or safety department for the purpose of eliminating the hazard.