



NEAR MISS REPORT

Environmental, Health And Safety
PO Box 751
Portland, Oregon 97207-0751
202 University Ave.
Portland, Oregon 97201-5221
503-725-9946 tel
503-725-4329 fax

- Employees must immediately report ALL NEAR MISSES.
- EHS Department/Supervisor will complete the second portion of this report.
- Supervisor or Parties Involved will help the EHS Department investigate the near miss.
- Report to be submitted for investigation & filing with EHS

TO BE COMPLETED BY THE EMPLOYEE

Print Name of Employee/Employees Involved: 1.	Job Title (select one) Department
	PSU ID #
2.	Job Title (select one) Department
	PSU ID #
Date/Time of NEAR MISS	P.P.E. Worn:

Exact location where NEAR MISS occurred? (Refer to roads and places by exact names; include room numbers and building names.)

To whom did you report the NEAR MISS? (Please provide contact information: name, department and telephone number.)

Equipment/machinery/tools involved in NEAR MISS:	Usual working shift
	M T W Th F S S

Name(s) of witness(es) and contact information:

Describe what happened (What were you doing and up to the NEAR MISS? Time line progression?)

Employee's Signature: _____ **Date:** _____

