

Near-Miss Reporting

Event Date:	Event Time:
Facility where event occurred (if applicable):	
Precisely state location where near miss occurred:	
Narrative: (Describe the event – Who, what, when, where)	
What actions were taken to prevent recurrence:	
How many people were involved?	Was a government/POV motor vehicle involved? (Check for Yes <input type="checkbox"/>)
Employee name (optional):	Employee guardmail (optional):
Employee phone number:	Date this form completed:

Fax completed form to the safety office at 831-656-7710 or email at Safety@nps.edu