

## Near Miss/Safety Innovation Form

Employees may use this form to report near miss incidents or provide safety suggestions.

**Choose One:**

**Near Miss**

**Safety Innovation**

If a near miss, did it involve:      Davis/Mass Only

Sub Vendor

Job Name/Number: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Was medical/first aid involved:                      Yes

No

**Type of Incident:**  Equipment  Fall  Fire  Eye/Hand  Other (\*Explain below.)

**Description/Explanation:**