

NEAR-MISS REPORT

Name (Last, First):	Supervisor:
Contact Phone Number:	Classification: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Staff <input type="checkbox"/> Researcher <input type="checkbox"/> Faculty
Date and Time of Incident:	Location of Incident <input type="checkbox"/> Marvel <input type="checkbox"/> Old Chem <input type="checkbox"/> Koffler <input type="checkbox"/> CSB Room/Area: _____
Near-Miss Description (include all chemicals, equipment related to incident)	
Personal Protective Equipment used at time of Incident: <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Laser glasses <input type="checkbox"/> Splash shield <input type="checkbox"/> Gloves: type _____ <input type="checkbox"/> Lab coat <input type="checkbox"/> Other _____	Why is the incident considered a near miss?

