

# Near-Miss Report Form

USU Center for Atmospheric and Space Sciences

Date of incident

Time of incident

Location of incident  
(building and room no.)

All persons involved in incident  
(names and phone nos.)

Person filling out this form  
(name and phone no.)

Lab/Shop PI or manager  
(name and phone no.)

Type of Incident  
(check all that apply)

Physical (object falling, e.g.)

Fire

Electrical

Explosion

Chemical Spill

Biological Agent Spill

Radioactive Material Spill

Other (please specify)

Indicate the potential severity of the near miss. I.e., indicate the potential level of injury and damage that might have occurred if the situation had been slightly different.

High: might have caused fatality or permanent disability and/or extensive property damage

Moderate: might have caused temporary disability and/or moderate property damage

Low: might have caused minimal injury and/or minimal property damage

Please provide a detailed description of the near-miss incident.

Describe corrective actions that have been or will be taken as a result of this near-miss incident.