

**NEAR MISS: a potential hazard or an unplanned event that did not result in an injury illness, exposure or damage, but had the potential to do so. There was NO slip, trip, fall, punch, poke, bruise, strain, fire or exposure.**

**Form Instructions**

1. Within 24 hours the witness or person with knowledge of near miss/potential hazard must complete Section 1.
2. Fax immediately to the Security Office at 701-858-3002.
3. The person who completed Section 1, must give the form to their supervisor.
4. Supervisor must conduct an investigation and complete Section 2.
5. Upon supervisor's completion of Section 2, the entire form must be faxed to the Security Office at 701-858-3002.

**SECTION 1 - Completed by witness or person with knowledge of near miss/potential hazard**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

Department: \_\_\_\_\_ Location: \_\_\_\_\_

Check all that apply:    Unsafe Condition    Unsafe Equipment    Unsafe Use of Equipment    Unsafe Act/Behavior

Description:

\_\_\_\_\_  
*Employee Signature (optional)*\_\_\_\_\_  
*Date***SECTION 2 - Completed by supervisor after investigation of near miss/potential hazard**

Supervisory explanation of what caused the potential hazard/near miss to occur:

Primary and contributing factors and other activities:

Corrective action that was taken:

\_\_\_\_\_  
*Supervisor Signature*\_\_\_\_\_  
*Date of Investigation*\_\_\_\_\_  
*MSU Security Loss Control Representative*\_\_\_\_\_  
*Date Received*