INDIAN INSTITUTE OF TECHNOLOGY INDORE

Near Miss Incident Reporting Form

<div style="border:1px solid black">

For OFFICE USE ONLY

Case Number: **Case Type:**   **Year:**

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Instructions:
1. Download the form
2. Please Read the Form Carefully and accurately fill out as much information as possible
3. Save the form
4. Mail a copy of the form to LSO at labsafety@iiti.ac.in preferably within 24 hrs. from the incident

1. Date of Incident:

2. Time of Incident:

3. How many other people were working in the area:

4. Date Incident Reported:

5. Description of Incident (Please include accurate description of the incident):

6. How could the incident have been prevented?

7. Full name of the Injured person:

8. Address:

9. Date of Birth:

10. Sex:

11. Contact Number:

12. Employee Type:

13. Date of Joining:

14. Department Name:

15. Office Number:

16. Supervisor Name:

17. Supervisor Contact Number:

18. Whether the person attended/read any Laboratory Safety sessions/guidelines? (If yes mention the date of the last Lab Safety Session Attended).

19. Whether Any First Aid was given? (If yes please describe any medicine/bandages used etc.)

20. Any damage to any Instrument/ Property?

21. What was the employee doing just before the incident occurred? (Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry.")

22. What type of injury could have occurred?
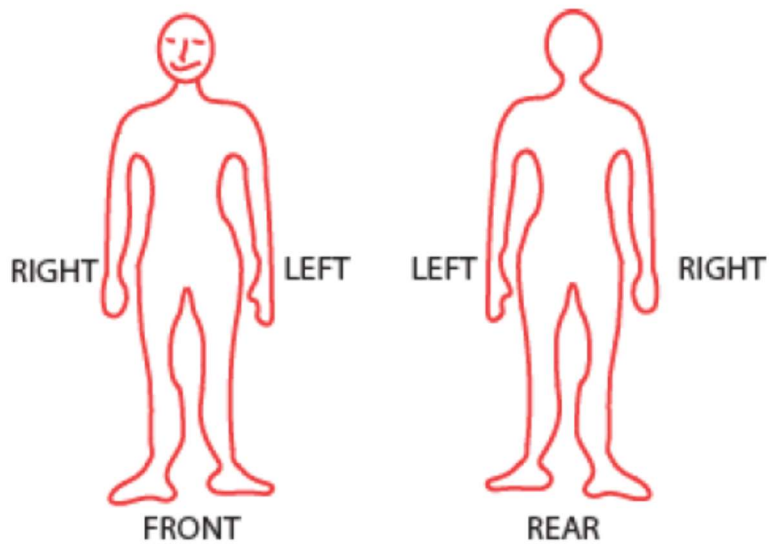
Mark part of body injured on diagram above

23. What object, substance, chemical could have directly harmed the employee?

24. Whether any other person was responsible for the accident? (If yes Please provide the Name, Designation and Contact Information of that person)

25. Any suggestions/ recommendations?

Name

Signature with Date