

## How do I report a near miss or hazardous condition?

Fill out the opposite side of this form.

Determine if you can do something to resolve the safety problem yourself. If you can, do so and note it on the form.

Send a copy of the form to your local DLA Safety and Health Office (SHO).

### What's a near miss?

**A near miss is an event that could have caused a serious injury or illness, but didn't. For example:**

Someone spills coffee or water on the floor and does not clean it up. Someone slips but is not injured.

A forklift operator takes a turn too quickly and drops the load which almost hits a nearby worker.

### What's a hazardous condition?

**A hazardous condition is a condition that could cause an accident or - an accident waiting to happen. For example:**

Water or other material(s) on the floor that could cause a slip or fall.

A frayed electrical cord in your office.

### How do I correct a safety problem?

**Take any action you can to reduce the chance that an accident will happen or that someone will get hurt. You might:**

First contact your supervisor/work leader if additional resources are needed to correct the problem.

Contact the Facilities Department/maintenance provider to report a maintenance problem and complete a work order.

Contact your local DLA Safety and Health Office. Employees who are in a bargaining unit may also notify their union representative.

## Please return to your local DLA Safety and Health Office (SHO)

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If you are dissatisfied with the response, you are encouraged to take the following actions in the order listed below:

1. Contact your local DLA SHO:

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2. Forward your concerns to the local DLA Commander:

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3. Forward your concerns to DLA's Designated Safety and Health Official at:

DLA  
ATTN: Chief of Staff  
8725 John J. Kingman Road  
Fort Belvoir, VA 22060-6221



## NEAR MISS / HAZARD REPORT

# Near Miss / Hazard Report Form

Purpose of this form:

To report a near miss/unsafe act or hazardous condition, please complete this Safety Action Report.

Where did the near miss happen or where is the hazardous condition? (Be specific)

Building (Name/Number) \_\_\_\_\_

Room/hallway/parking lot \_\_\_\_\_

Geographic Location \_\_\_\_\_

When did the near miss happen or when did you discover the hazardous condition?

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

What department(s) were involved or impacted in the near miss or hazardous condition?

Was the near miss/hazardous condition reported to your supervisor/work leader?

YES  NO

Name of Supervisor/Work Leader:

Reporting Employee (Name Optional)

Name \_\_\_\_\_

Please keep my name confidential

Office Symbol \_\_\_\_\_

Phone \_\_\_\_\_

Your name and number is helpful so that we can obtain additional information if necessary, and is needed if you want to receive a personal response.

Describe in detail how the near miss occurred or what the hazard is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any safety equipment, if any, being worn at the time of the near miss:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your opinion, were there any unsafe conditions or acts which contributed to the near miss or hazardous situation? Please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the names of any witnesses who observed the near miss or hazardous condition. (Optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What corrective action did you take or do you recommend?

Please note what corrective action you were able to take or what other corrective action you recommend. Check the appropriate box below and explain.

I corrected the safety problem myself

My supervisor/work leader and/or I could not correct the problem, recommend the following corrective action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## To Be Completed by Safety & Health Office

Final disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Received by SHO: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Reporting Employee Notified

Signature of Safety and Health Manager

Date Signed \_\_\_\_\_

SHIRS Tracking Number:

\_\_\_\_\_