



**Department of Occupational Health and Safety (DOHS)
Near Miss Report Form**

This optional form is intended for situations where there may be a potential for serious injury or occupational illness in the workplace, however no injuries/illnesses actually occurred. This form may be completed by any member of the York community (faculty, staff, and students). Completed Near Miss Report Forms must be submitted within 7 days to DOHS by email: ksara@yorku.ca, or by fax: 416-650-8057.

If a worker has been injured, DO NOT USE THIS FORM!

Worker accidents resulting in injury require completion of the Supervisor's Accident Investigation Report (SAIR).

Near Miss Details

When did the incident occur (include times and dates)?	Where did the incident occur?
Describe what happened or what was observed (attach photos, sketches, if available) :	
What dangers (i.e. unsafe acts or conditions) did the near miss pose that could have resulted in injury/illness to a worker?	
Please provide any other pertinent information regarding the near miss (e.g. contributing factors, property damage):	
What actions, if any, have been taken (includes names or departments, where possible)? Provide a general timeline, if relevant.	
Further recommended corrective actions (include who will be involved in the follow-up).	

Contact Information

Completion of this section will facilitate DOHS follow-up, but is not mandatory. Anonymous forms are also accepted.

Contact (name/phone/email):	Was this reported to anyone else? Please include names, if possible. (e.g. Security, Risk Management, HSO, Dept. Head)
Where you directly involved in the near miss? Who else was involved or may have been a witness?	