

# Non-Injury and Near-Miss Incident Reporting Form

## Instructions:

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- If personnel were injured during the incident, do not use this form, use 'Supervisor's Injury/Illness Report' [http://www.cmu.edu/hr/benefits/benefit\\_programs/forms/WCforms.pdf](http://www.cmu.edu/hr/benefits/benefit_programs/forms/WCforms.pdf)
- In each of the sections below, please describe what happened, the background and any hazardous materials, equipment or processes involved in the incident. Please indicate what could have potentially happened if conditions developed into a more serious situation. Include how to prevent this from recurring.
- Use as much space in the response boxes as needed. If a section does not apply, indicate "N/A."

## Incident Reporting:

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Non-Injury

Near-Miss

Warning / Alert

*Date of Incident:*

*Location of  
Incident:*

*Incident  
Reported by:*

*Date of Report:*

## What Happened:

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**Complete description of the incident:**

**Background information / history pertinent to the incident:**

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**Hazardous chemicals involved in the incident:**

<b>Chemical Name:</b>	
<b>CAS #</b>	
<b>Synonyms:</b>	
<b>Hazard(s):</b>	

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**What Could Have Happened:**

Describe how the incident could have potentially resulted in a more serious or life-threatening situation:

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**Contributing Factors:**

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<input type="checkbox"/> Improper Equipment Use	<input type="checkbox"/> Equipment Malfunction/Failure	<input type="checkbox"/> Poor Layout/Equip. Design
<input type="checkbox"/> Unsafe Condition	<input type="checkbox"/> Insufficient Training	<input type="checkbox"/> Other _____

**Please provide details of contributing factors and equipment damage:**

**Incident Prevention:**

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**Please indicate how the incident can be prevented from recurring again:**

**Preventive Exposure Controls:**

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**1. Personal Protective Equipment**

Indicate the items of PPE required for the use of the material (s), and the steps where they are required:

<i>Type</i>	<i>Specific item needed</i>	<i>Step(s) when required for use</i>
Eye Protection		
Skin Protection		
Hand Protection		
Respiratory Protection <sup>1</sup>		
Other (Specify)		

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<sup>1</sup> All use of respiratory protection must be approved by EH&S, in advance of use.

**2. Ventilation Controls**

<i>Item</i>	<i>y/n</i>	<i>Step(s) when required for use</i>
Fume Hood Required?		
Glove Box Required?		
Other ventilation needed?		

**3. Hazardous Waste Disposal**

Indicate waste disposal procedures if hazardous waste was part of the incident:

**Additional Information:**

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Please provide any additional information below:

**Report Submitter**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EHS Review**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_