### Appendix L: Near Miss Incident

**Send an electronic copy to the Chair and the department chemical hygiene officer.**

**Name of reporting person:** Click here to enter text.

**Date of incident:** Click here to enter text.

**Time of incident:** Click here to enter text.

**Location of incident:** Click here to enter text.

**Description of the incident including who was involved and what exactly happened:**

Click here to enter text.

**What training did the employee or student receive prior to the incident:** Click here to enter text.

**What safety practices did the employee or student follow:** Click here to enter text.

**What corrective action was taken to prevent a similar incident:** Click here to enter text.

**Action taken:** Click here to enter text.

|  |  |
| --- | --- |
| **Signature of Chair:** |  |

**Date:** Click here to enter a date.

**Comments:** Click here to enter text.  
    
    
    
    
 