NEAR MISHAP REPORT FORM

Please Print:

INSTRUCTIONS: This form is a general-use ***Near Mishap Report Form*** to be used for safety and health purposes to report a ***near mishap*** in the workplace. A near mishap is a ***specific occupational act or event*** involving an employee (or employees) in which injury ***was avoided*** *by* mere **chance.** ***Do not*** use this form to report an injury or an unsafe or unhealthful condition in the workplace. Contact the OSHE Office (Code 106) if you have a question about completing this Near Mishap Report Form. See page 2 for additional field-entry instructions.

1. NAMES OF EMPLOYEE (S) INVOLVED (Last, First) (Optional):

2. DATE AND TIME OF ACT OR EVENT:

3. ALL SHOPS/ CODES INVOLVED:

4. LOCATION:

5. SPECIFIC LOCATION OF NEAR MISHAP; (HULL NO., BUILDING NO., STREET NAME, PIER NO., DRY DOCK n NO.)

6. DESCRIBE THE NEAR MISHAP ACT OR EVENT AND THE CAUSE (WHO, WHAT WHEN, WHERE, AND WHY). WHAT WAS THE EMPLOYEE DOING IMMEDIATELY BEFORE THE NEAR MISHAP OCCURRED? WHAT TOOLS OR EQUIPMENT WERE INVOLVED (IF ANY)? WAS THE EMPLOYEE WORKING TO A PROCEDURE?

7. DESCRIBE THE POSSIBLE INJURY TO THE EMPLOYEE(S) THAT COULD HAVE OCCURRED, BUT WHICH WAS AVOIDED IN THIS CASE BY MERE CHANCE.

8. NAME OF EMPLOYEE SUBMITTING REPORT (Last, First) :

9. BADGE NUMBER: *(Optional)*

10. DATE:

11. NAME OF SHIPYARD:

NEAR MISHAP REFERENCE SHEET

BLOCK#	BLOCK DESCRIPTION	EXAMPLES OF BASIC INFORMATION
1.	Employee(s) Involved	List all employees immediately involved in the near mishap. Note: Entering the name(s) of employees is optional.
2.	Date and Time	Enter the date and time of the near mishap, in 24-hour time.
3.	All Shops / Codes Involved	List all shops and codes involved in the immediate near mishap.
4.	Location	Enter the location of the immediate near mishap.
5.	Specific Locarion	Emter the specific location; Hull No., Building No., Street Name, Pier No., Dry Dock No., Frame, Column, Compartment or Deck. Examples include CVN-70, Building 2, IMMR, 7-113-0-E, 7TH Deck Frame 115 (Port).
6.	Near Mishap Act or Event Narrative	Describe the near mishap and the cause: Who, What, When, Where, and Why. What was the employee doing immediately before the near mishap occurred? What caused the near mishap to occur and why? What tools or equipment were involved, if any? Was the employee working to a procedure? If employee names are not used, then refer to the involved person(s) as "Employee," or "Employee#1," "Employee#2," etc.
7.	Possible Injury	Describe the possible injury to the employee(s) that could have occurred, but which was avoided in this case by mere chance.
8.	Name of Employee Submitting Report	Enter the name of the employee submitting the near-mishap report. Note: Entering the name of the employee is optional.
9.	Badge Number	Enter the shipyard badge number of the employee submitting the near mishap report.
10.	Date of Submission	Enter the date of submission of the report.
11.	Name of Shipyard.	Enter the name of the shipyard where the near mishap event occurred.