

INITIAL ACCIDENT INVESTIGATION/NEAR MISS REPORT

NDDA SFN: 602 RMP 001 (2-98)

This report is to be completed by employees involved in or witness to an accident or a near miss incident that resulted in or has potential for personal injury, production interruption, product or property damage. Reporting of near miss incidents is required to help identify potentially harmful accidents.

Date of Incident	Time of Incident	Location of Incident
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EMPLOYEE(S) INVOLVED

Last Name	First Name	Department
Last Name	First Name	Department
Last Name	First Name	Department

Description of incident (use additional pages, if necessary):

Description of extent of injury:

How could accident or incident been prevented:

NAMES OF WITNESS(ES)

Last Name	First Name	Department
Last Name	First Name	Department
Last Name	First Name	Department

Employee Signature	Date
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FORWARD COPIES OF REPORT IMMEDIATELY TO:

Program Manager	Signature	Date
Risk Mgmt Coordinator	Signature	Date