

Near Miss Reporting Tool

(A near miss does not result in injury, illness, or damage, by definition, but it had the potential to do so.
This form is a tool to gather information. If an injury has occurred, use the incident reporting tool.)

General Incident Details

***Required Fields**

*Incident Date: _____ Incident Time (in 24-hour format): _____

*Report Date: _____

Date Reported to Council/BSA Location: _____

Reported by Name: _____

Reported by Primary Phone: _____ Reported by Secondary Phone: _____

Reported by Email: _____

Reported by Address: _____

Reported by City: _____ Reported by State: _____ Reported by Zip Code: _____

*Council/BSA Location: _____ *Location of Incident: _____

Specific area where incident occurred: _____

Incident Address: _____

Incident City: _____ *Incident State: _____ Incident Zip Code: _____

*Description of Incident (clear/concise/complete facts):

Was an Agency or Authority Notified? Yes No Whom: _____

Near Miss Details

Adventure/Program/Event: _____

General Classification (Cub Scout/Registered Leader/etc.): _____

*Lessons Learned (what could be done to prevent future occurrences):

Severity Rating: Catastrophic-I Critical-II Marginal-III Negligible-IV Unknown

Witnesses

(Use back of form to record other details and witness contact information)

