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 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)