**NORTH CAROLINA DEPARTMENT OF AGRICULTURE**
**OCCUPATIONAL INJURY & ILLNESS**

# NEAR-MISS INCIDENT REPORT

**SITE** _____

**DIVISION** _____ **DATE** _____ **TIME** _____

**PERSONNEL INVOLVED**

_____
_____
_____
_____

**EQUIPMENT AND/OR FACILITY INVOLVED**

_____

**LOCATION**

_____
_____

**DESCRIPTION**

_____
_____
_____
_____

**DAMAGE ETC.**

_____
_____

**UNSAFE ACT(S)**

_____
_____
_____

**UNSAFE CONDITION(S)**

_____
_____
_____

**BASIC CAUSE OF UNSAFE ACT(S) OR CONDITION(S)**

_____
_____

**ACTIONS RECOMMENDED OR TAKEN TO PREVENT RECURRENCE**
**(ASSIGN RESPONSIBILITY AND COMPLETION DATE)**

_____
_____
_____
_____

| | | | |
|---|---|---|---|
| Supervisor | (date) | Middle Manager | (date) |
| Safety Director | date) | Site Manager | (date) |

nmincrpt.cr