

Atascadero Unified School District

Near Hit / Near Miss Incident Report

(This section is to be completed by the employee.)

Date(s): _____

Time(s): _____

Employee(s) involved in the incident:

Names:

Title:

Third party involved (if any):

Names:

Title:

Details of the incident:

Department

District Office (Education Services, Business Services, Human Resources)

MOT (Maintenance, Grounds, Custodial)

Food Services / Transportation

Student Intervention Services

Technology

School Site Staff (Teacher, Office Staff, Instructional Assistant)

School Site: _____

Location of incident (*Provide picture if necessary): _____

Submitted by: _____

Title: _____

Date: _____

To Be Completed by the Supervisor

Conclusions: _____

Recommended Preventative Action: _____

Procedural

Improve inspection procedures

Change in work procedures

Change in safety procedures

Training

☐ Work procedures / awareness

☐ Safety procedures / awareness

☐ Security procedures / awareness

Equipment / Materials

Repair, replace or change safety equipment

Repair, replace or change equipment and/or equipment specifications

Repair, replace or change materials or supplies

Repair, replace or change security equipment

Use personal protective items

Install engineering controls

Consider Discipline: ☐ Yes ☐ No

Suggested Distribution:

Safety Meetings

Site Supervisors

Staff Meetings

Cabinet Meetings

Post on Employee Bulletin Board

Employees

Supervisor: _____

Title: _____

Safety Coordinator: _____

Safety Committee: _____

(Review Date)

Date Completed: _____