



Incident, Hazard and Near-Miss Report Form

Date: _____

Date of Incident or Near-Miss: _____

Time of Incident or Near-Miss: _____

Name, address, and phone number of person making report: _____

Name, address, and phone number of person to be contacted for further information:

Location of incident: _____

Give description of incident or hazard, any action taken and treatment, if any:

Describe damage to property or vehicle if applicable: _____

Has Public Safety been notified? YES NO

Has Human Resources been notified? YES NO

Please send original to: Robin Oldfield
300 College Park
Dayton, OH 45469-2959
(937) 229-4503

This is a confidential report