## NEAR MISS REPORT MCB Hawaii

File Number:	

1. I believe a	a conditio	on or behavior exists w	hich is a safety or	health	hazard to o	ur person	nel or p	orop	erty.	
		1	Employee	Employee				ſ		
Civilian		Military	Representative	е	Contrac	ctor	Oth	her		
2. Does this	condition	n or behavior immediat	elv threaten life o	r healt	h? YE	<u></u>	NO			
3. Please check the appropriate type of near miss:										
Employee			7							
Action or		Use of	Workplace		Equipment Other					
Behavior		Equipment	Condition	L	Defect					
4. When did you observe the near miss condition or behavior? Date: Time:										
<ul><li>4. When did you observe the near miss condition or behavior? Date: Time:</li><li>5. Please specifically identify the building, worksite, or other location where you observed the near miss.</li></ul>										
J. FIGASE SP	Jecincany	identity the building, w	Mikaile, or office i	location	I WIIGIG YOU	ODSELVER	liie iie	ain	liss.	
6. Superviso	or (if knov	vn) at this location is:	and phone num	nber is:						
7 Diagram and the second of th										
7. Briefly describe your observation of the condition, behavior, or action you believe is a near miss:										
(Who was involved, What is the unsafe/unhealthful condition, What unsafe/unhealthful behavior did you observe)										
8. Describe	the injury	y or property damage t	hat could occur if	this ne	ear miss is no	ot correcte	ed?			
0 Number	of amples	yees exposed to or thre	and by the co	ditior	hohovior c	- action:				
9. Nulliber	Of employ	/ees exposed to or time	ealetted by the co	Mullion	i, Deriavioi, o	if action.				
10. If knowr	n. list any	safety or health standa	ard which you beli	ieve m	av apply.					
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11. What a	re your su	uggestions to correct th	ne unsafe/unhealt	hful co	ndition or be	havior?				
12 Has this	noar mie	ss been reported to, dis	souccod with, or h	rought	to the attent	ion of a c	uparvic	-or2		
IZ. Flas uns	rieai iiiis Ye		No	lougin	וט ווופ מונכווו	ΙΟΙΙ Οι α οι	up <del>e</del> i via	: 106		
13. If yes, p		e the results, including		anagen	nent to corre	ct the con	dition (	or		
behavior.	. •	, me (222m), (2.2.2.3)	<b>Said</b> , 2112112				•	-		
14. Name (d	optional):		Phone number	_	Em	nail (optior	าal):			
45 16 1911 01	(optional):   15. If you are a representative of employees, provide name of your organization.									
15. If you ar	e a repres	sentative of employees	s, provide name o	of your	organization					
This Soction	o for Llco	hy Cuparticar Unit Co	fatu Officer or BC	en eaf	aty Specialic	. 4				
This Section for Use by Supervisor, Unit Safety Officer, or BSD Safety Specialist Investigation Results and Corrective Actions:										
IIIVOONGANE.	I Noodka	and Concoure Action	5.							
		nitting the Near Miss R	leport on:			Via:				
	elevant co	orrespondence)			Data O					
Name:					Date C	losea:				
Position:										