

IF THERE IS MORE THAN ONE WITNESS PLEASE GIVE EACH WITNESS A COPY OF THIS FORM.



**NEAR MISS STATEMENT FORM**  
(Rev. 03-2021)

**THIS FORM MUST BE SUBMITTED TO  
RISK MANAGEMENT WITHIN 24 HOURS OF COMPLETION**  
Email: Risk Management  
[risk\\_management@hampton.gov](mailto:risk_management@hampton.gov)

**Authorized recipients of this form are** the Department's Managerial staff, City Attorney's Office, and Risk Management.  
Any requests to obtain a copy of this document should be directed to Risk Management for handling.

**Near Miss:** an incident in which no property was damaged and no personal injury was sustained, but where, given a slight shift in time or position, damage or injury easily could have occurred.

Employee

Name of Employee (Last, First, Middle):

Department/Division:

Contact No.:

Job Title:

Site Location:

Time of Near Miss:

Date of Near Miss:

Location of Near Miss:

Nature and Cause of Near Miss

Please describe in detail how the near miss occurred:

Please describe what was happening before the near miss occurred:

Please describe what happened after the near miss occurred:

With whom did you report the near miss?

Employee Signature:

Date: