

NEAR MISS REPORT

(The proponent agency is MCHD-SH)

Show You Care, Tell Others

Location: _____

***Description:** (What Could Have Happened:)

Suggested Procedure to Prevent an Injury or to By-Pass Hazzard:

(Additional space is available on reverse.)

Person Reporting Incident: (Name Optional) _____ **Date Reported:** _____

Building Number: _____ **Phone Number:** _____

Supervisor: _____ **Date Received:** _____

Safety: _____ **Date Received:** _____

*** If you prefer, you may call in the report. The number is 619-3164.**

(Space below may be used, if needed, by person making report)

**Installation Safety Division
Follow-Up Report**

Action Officer: _____
(Signatuer/Title) (Date)

Thank you for making the Fort Detrick Community a safer place in which to work.

**Commander, U.S.
Army Garrison:** _____
(Signature) (Date)

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