

# Near Hit - Incident Without Injury Report

An "**Incident Without Injury**" (IWOI) is any incident or condition that has the potential of causing physical injury, equipment or environmental damage.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M/P.M Venue: \_\_\_\_\_

Employee \_\_\_\_\_

Description of Incident or Situation \_\_\_\_\_

## Classify the job category involved

Audio  Lighting  Rigging

Identify all areas of concern (Ask the question, why? For each checked response)

<input type="checkbox"/> Equipment	<input type="checkbox"/> Electrical Safety	<input type="checkbox"/> Equipment
<input type="checkbox"/> Material Handling	<input type="checkbox"/> Emergency Ops	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Fire Prevention
<input type="checkbox"/> Bin Entry	<input type="checkbox"/> Medical Services	<input type="checkbox"/> Other _____
<input type="checkbox"/>	<input type="checkbox"/> Fall Protection	

## Potential Severity of the Incident

Major  Intermediate  Minor

## Probability of Re-Occurrence

High  Medium  Low

Person initiating report: \_\_\_\_\_

(May be anonymous, but supply enough information to form corrective actions)

## Recommended Corrective Actions

\_\_\_\_\_  
\_\_\_\_\_

Person Responsible \_\_\_\_\_

Resolved by \_\_\_\_\_

Date \_\_\_\_\_

Action Taken \_\_\_\_\_