Near Miss Incident Information Report

(A near miss does not result in injury, illness, or damage by definition, but it had the potential to do so.)

Near miss incident date: _____ Time: _____

Reporting date: _____ Time: _____

Council/BSA location: _____

Reporting person: _____ ❑ Leader ❑ Parent ❑ Other: _____

Contact information: _____

Location of near miss: _____

Specific area where near miss occurred:

_____

_____

_____

Cause of near miss: _____

_____

Activity at time of near miss: _____

Program/event/adventure code: _____

Description of the near miss (detailed):

_____

_____

_____

Did the near miss occur while transporting to/from an activity? ❑ Yes ❑ No

Potential severity: ❑ Catastrophic–I ❑ Critical–II ❑ Marginal–III ❑ Negligible–IV ❑ Unknown (See the back of this sheet for definitions.)

Lessons learned (what could be done to prevent future occurrences):

_____

_____

_____

Witnesses (See the back of this sheet to enter.)

Return this completed form to your council's designated user for entry into RiskConsole via MyBSA Incident Entry.

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Probability/Severity Definitions

Catastrophic–I
Examples: Fatal or lifetime impairment, loss of sight or limb or permanent facility loss or events with multiple critical incidents or > $1 million in financial impact.

Critical–II
Examples: Temporary impairment requiring rehabilitation and/or lifetime partial impairment, loss of use of but not loss of a limb or facility not a total loss but must be rebuilt or events with multiple marginal incidents or < $1 million and > $100,000 in financial impact.

Marginal–III
Examples: Injury requires a physician to treat a temporary impairment with complete rehabilitation possible or sutures, clean fractures, injuries requiring transport to off-site medical facilities or events with multiple negligible incidents or < $100,000 and > $1,000 in financial impact.

Negligible–IV
Examples: First-aid injuries not requiring medical professional intervention or < $1,000 in financial impact.

Witnesses

Name:_____
First Middle Last

Address: _____
City State Zip

Home phone: _____Cell phone: _____Work phone:_____

E-mail: _____

Others

Adult leader's name:_____
First Middle Last

Address: _____
City State Zip

Home phone: _____Cell phone: _____Work phone:_____

E-mail: _____

Information gathered at scene by: _____

Contact information:_____

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