

LA JOYA INDEPENDENT SCHOOL DISTRICT

NEAR-MISS REPORT

Name: _____ Campus/Department: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Description of Incident: _____

Action(s) taken: _____

Employee Signature

Principal/Director/Supervisor Signature

Date

CHECKLIST

_____ Original on file at principal's/director's office

_____ Copy to Risk Manager's Office

_____ Work Order #

Risk Management Office Use Only

Date Received: _____ Initials _____