

# 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.*



BOY SCOUTS OF AMERICA®

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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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