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	on:					
Reporting person:				Leader	Parent	❑ Other:
Contact information	ו:					
Location of near mi	iss:					
Specific area where	e near miss occurred:					
Cause of near miss	6:					
Activity at time of n	ear miss:					
Program/event/adv	enture code:					
Description of the r	near miss (detailed):					
Did the near miss c	occur while transportin	ig to/from an act	tivity? 🗆 Yes 🗖 🗌	No		
Potential severity:	Catastrophic-I	Critical-II	D Marginal–III	🗅 Negli	gible–IV	Unknown (See the back of this sheet for definitions.)
Lessons learned (w	vhat could be done to	prevent future o	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								
	FIRST	Middle	Last						
Address:		State	Zin						
City		Siale	Zip						
Home phone:	Cell phone: _		Work phone:						
E-mail:									
Information gathered at so	cene by:								
Contact information:									

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