

Press the Safety Reporting button.

Select Near Hit or Safety Concern

Incident Reports	×
Instructions To report, please click on one of the options below.	
Injury or Illness	
Motor Vehicle & Mobile Equipment (e.g., GSA, M, E, Rental)	
Near Hit or Safety Concern	
Contract Incident (CO, COR, Field Inspector use only)	•

<u>NOTE</u>: Near Hits and Safety Concerns can be reported anonymously, too. However, it is strongly recommend logging into OSHIS to report so you can view a historical record of your reports and save a report in progress if you need to come back and finish it at a later time.

<u>Near Hit</u>: An incident where no personal injury was sustained, but where, given a slight shift in time or position, damage and/or injury easily could have occurred.

<u>Safety Concern</u>: A condition identified in the work environment that has the potential to cause an injury, illness, or fatality if not corrected.



## OSHIS: Safety Reporting – Near Hit or Safety Concern

Reporting Information		^
Person reporting, or reporting on behalf of * Seaman, Tim (54321)	Q	Self Beporting Number
Do you want to share this report with your supervisor?		Incident #
Supervisor		Reported Time
Seaman, Tim (54321) Reported Date	Q	9:44 AM Specific Location Comments
12/17/2019		
District or Primary Location (where the incident occurred) *		Location Type *

Your name auto-populates as the individual creating the report. However you can swap your name for someone else's in the **Person Reporting** field.

If you want your supervisor to be notified when you submit the form, change the **Do You Want to Share...** field to **Yes**.

Otherwise the form defaults to **No** and will not inform your supervisor with the report remaining confidential.

Use the icon(s)on the right side of each field if you need help to find information specific to that field.

All forms with an asterisk must be completed.



## OSHIS: Safety Reporting – Near Hit or Safety Concern

Incident / Issue		^
Incident Date *	Incident Time	
12/17/2019	HH:MM am/pm	G
	· · · · · · · · · · · · · · · · · · ·	
Describe the incident (what, how, why) and include the specifics of any concern, hazard or iss	e identified. *	
List Other Employees Involved		
		11
Job Task/Activity Details *		
		/i)
Hazard Type *		
Q		
Attach supporting documentation.		
Select files		

It's important that all freeform fields are completed with as much detail as possible. **Describe the Incident** and **Job Task/Activity Details** provide Safety with vital information.

This level of details helps Safety form a complete picture of the incident so it can be analyzed for trends and help inform future Safety initiatives.



Recommended Actions	^	Please share your
Did, or will, you/your work group take immediate action to correct or mitigate the hazard? *		suggestions. Your idea(s) could be implemented to help prevent future injuries.
Describe the action you or others took to correct or mitigate the hazard.		
What suggestions do you have for how this incident could be prevented in the future?		
	/2)	

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Cancel	Delete	Save	Submit	

Press the **Save** button to save your progress and return to the report at a later time.

Press the **Submit** button when the report has been completed.

