

**LAUSD OCIP NEAR-MISS INJURY  
ACCIDENT/INCIDENT REPORT**

Please use this form to report near-miss accidents/incidents which could have, but did not, cause injuries or property loss on the job site. It may also be used to track potentially hazardous conditions which could cause an accident. Please submit a copy to the Construction Manager and the OCIP Project Safety Coordinator/Manager.

<b>Date of Near Miss Accident/Incident</b>		
<b>Time of Near Miss Accident/Incident</b>	am	pm
<b>Location of the near-miss accident/incident (include address of the facility and location within the facility):</b>		
<b>Description of near-miss accident/incident or condition that exists:</b>		
<b>Recommendation for eliminating or reducing the potential hazard:</b>		
<b>Actions taken to correct the potential problem:</b>		
<b>Reported by:</b>		
<b>Contractor's Name and Job Number:</b>		
<b>Telephone number:</b>		