

Near Miss Reporting Tool

General Incident Details

***Required Fields**

*Incident Date: _____ Incident Time (in 24-hour format): _____

*Report Date: _____

Date Reported to Council/BSA Location: _____

Reported by Name: _____

Reported by Primary Phone: _____ Reported by Secondary Phone: _____

*Reported by Email: _____

Reported by Address: _____

Reported by City: _____ Reported by State: _____ Reported by Zip Code: _____

*Council/BSA Location: _____ *Location of Incident: _____

Specific area where incident occurred: _____

Incident Address: _____

Incident City: _____ *Incident State: _____ Incident Zip Code: _____

*Description of Incident (clear/concise/complete facts):

Was an Agency or Authority Notified? Yes No Which one(s): _____

Near Miss Details

*Adventure/Program/Event: _____

*General Classification (Cub Scout/Registered Leader/etc.): _____

*Lessons Learned (what could be done to prevent future occurrences):

Attachments such as photos, statements, and this incident report form can be added during online entry and are helpful.

Return this completed form to your council's designated user for entry, or upload into Riskconnect.