# Accident/Incident/Near Miss Report

**Fill out after incident:** **NOT FOR EMERGENCY USE**

Fill out all items highlighted in **Yellow** and submit to [nauehs@nau.edu](mailto:nauehs@nau.edu) or hand deliver to Bldg 77 Rm 201.

### Date: __________________  Day of Week: _______  Time: _______  Originating Dept: _______

**Incident Location (Be specific):**

### Brief description of Incident:

**Were photographs taken?**

If yes, please attach.

### Room or Area:

**Your Name (optional):**

### Your phone or email (optional):

**Involved groups (IE NAUPD, Fire dept, etc):**

### Name/Contact info of involved persons/witnesses who are willing to be interviewed:

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**Do not write below this Line. For NAU EHS use only:**

**Damage estimates:**

NAU property –  Other property:

**What was damaged?**

### Detailed description of what happened:

### What problems/conditions contributed to this incident:

### Recommendations to prevent similar incidents in the future:

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**Report completed by:** ___________________  **Date:** ___________________

**Copies to:**