

**TOWN OF KERNERSVILLE**  
**REPORT OF NEAR MISS NOT REQUIRING PROFESSIONAL MEDICAL CARE**

**This report is to be completed when a minor incident occurs that does not require any professional medical care.**

**Date of Injury:** \_\_\_\_\_

**Day of Week:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **AM / PM**

**Name of Injured:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Did injury require professional medical attention or lost workdays? YES / NO**

If yes, stop now and complete "Injury Report Form"

**To be completed by employee**

**Employee's written notice to supervisor**

Please explain in detail how, when and where the accident occurred.

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Please use additional paper if necessary

**To be completed by supervisor**

**Corrective Action Taken:**

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**Employee's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Supervisor's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_