

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 [Quivira Council](#) for entry, or upload into Riskconnect.