

Near Miss Report Form

Section 1 – Details of Person Concerned

Full Name:			
Contact Tel:		Mobile:	
Email:			
Signature:		Date:	/ /

Section 2 – Details of Near Miss

Date of Near Miss:		Time:	__ __ : __ __ am/pm
Location of Incident:			
Reported to:		Position Title:	

Description of Near Miss: (What and how the incident occurred)

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Potential Risk:

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Recommended Actions :

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Section 3 – Signatures

Supervisor Name:		Date:	
Signature:			
CEO:		Date:	
Signature:			

Admin Use Only

Actions Implemented :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/ /
By:			Signature:	
Continuous Improvement :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/ /

Near Miss Report Form

Reported By:		Signature:	
Near Miss Report filed		Signature:	