

NEAR MISS REPORT FORM

NOTE:

This form should be completed whenever a Near Miss occurs - that is an incident without injury to person or damage to property.

If personnel were injured or there were damages at the property during the incident, do not use this form. Use the 'Accident / Incident Report Form'.

NEAR MISS REPORT FORM		
DATE OF NEAR MISS:		TIME OF NEAR MISS:
LOCATION OF NEAR MISS:	BUILDING:	ROOM #:
WHO WAS INVOLVED IN THE NEAR MISS: <input type="checkbox"/> Employee <input type="checkbox"/> Public <input type="checkbox"/> Contractor <input type="checkbox"/> Visitors		
MARK ALL APPROPRIATE CONDITIONS: <input type="checkbox"/> Near-miss <input type="checkbox"/> Safety concern <input type="checkbox"/> Safety suggestion <input type="checkbox"/> Other (describe):		TYPE OF CONCERN: <input type="checkbox"/> Unsafe act <input type="checkbox"/> Unsafe condition of area <input type="checkbox"/> Unsafe condition of equipment <input type="checkbox"/> Unsafe use of equipment <input type="checkbox"/> Other (describe):
DESCRIBE:		
SAFETY SUGGESTIONS:		
NAME (OPTIONAL):		DATE REPORTED:
PHONE NUMBER (OPTIONAL):		

Submit this form to your Health & Safety Officer or to your Manager