

## Near Miss Report Form

Company Name: \_\_\_\_\_

Location of near-miss: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Type of near-miss involving:

Person \_\_\_\_ Equipment \_\_\_\_ Vehicle \_\_\_\_ Property \_\_\_\_ Tools \_\_\_\_ Verbal Threat \_\_\_\_ Physical Threat \_\_\_\_

Other: (please specify) \_\_\_\_\_

Description of Incident (please include factors contributing to the incident, nature of severity, other staff involved, etc.) Name of the individual causing the incident in this report is OPTIONAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preventative, corrective action(s) taken or recommended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of person reporting: (please print): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

I agree with the immediate corrective actions and long term action are reasonable. I will assist personnel in preventing reoccurrence of this type of incident: YES \_\_\_\_ NO \_\_\_\_

Signed: \_\_\_\_\_

Owner / Manager

Date



# Be Responsible - Think Safety

