

NEAR MISS REPORT



A near miss report form designed for potential hazards or incidents that did not result in any personal injury or property damage.

* Your Name	* Date / Time

NEAR MISS DETAILS

Location	Business Unit
Check all Appropriate Conditions <input type="checkbox"/> Near Miss <input type="checkbox"/> Safety Concern <input type="checkbox"/> Safety Suggestion <input type="checkbox"/> Other	

This question only applies if Conditions is Other

Describe Other ----- ----- ----- -----
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This question only applies if Conditions is Safety Suggestion

Safety Suggestion ----- ----- ----- -----

Type of Concern <input type="checkbox"/> Unsafe Act <input type="checkbox"/> Unsafe Condition <input type="checkbox"/> Unsafe Equipment <input type="checkbox"/> Unsafe Use of Equipment <input type="checkbox"/> Other

This question only applies if Concern is Other

Describe Other

Severity Level of the Potential Incident / Hazard / Concern

Low Moderate High

Description of the Potential Incident / Hazard / Concern

Do you Request a Follow up Regarding this Incident / Concern?

Yes No

This question only applies if Follow Up? is Yes

Contact Details for Follow up (Name and Contact Number)