

Near Miss Report

Capture incidents that could have caused harm but didn't. Quick reporting helps spot patterns and prevent future accidents.

Title: _____

Severity: _____ Site: _____

Date / Time: _____ Completed by: _____

Event Details

1 Date of near miss *

2 Time of near miss

3 Location *

Address or coordinates

4 Description of what happened *

5 What could have happened *

Classification

6 Near miss category

- | | | | |
|---|--------------------------------------|---------------------------------------|---|
| <input type="radio"/> Slip/trip/fall | <input type="radio"/> Falling object | <input type="radio"/> Vehicle/traffic | <input type="radio"/> Electrical |
| <input type="radio"/> Fire | <input type="radio"/> Chemical | <input type="radio"/> Manual handling | <input type="radio"/> Equipment failure |
| <input type="radio"/> Working at height | <input type="radio"/> Other | | |

7 Potential severity if incident had occurred

- | | | | |
|---------------------------------------|--|------------------------------------|--------------------------------|
| <input type="radio"/> Minor injury | <input type="radio"/> Serious injury | <input type="radio"/> Major injury | <input type="radio"/> Fatality |
| <input type="radio"/> Property damage | <input type="radio"/> Environmental damage | | |

Contributing Factors

8 What caused or contributed to the near miss

9 Environmental factors

- Weather Lighting Noise Temperature
 Housekeeping None

10 Equipment involved

11 Were procedures being followed

- Yes No N/A

12 If not, explain why

Evidence

13 Photos of the hazard or area

Attach file here

14 Any other supporting documents

Attach file here

Immediate Actions

15 Was the area made safe

Yes

No

N/A

16 Immediate actions taken

17 Who was informed

Preventive Measures

18 Suggested actions to prevent recurrence

19 Person responsible for actions

20 Target completion date

21 Priority level

Low

Medium

High

Urgent

Reporter Details

22 Your name *

23 Your role or job title

24 Contact details

25 Date of report *

26 Signature

Signature

Additional Information

27 Any other comments
