

# NEAR MISS REPORT FORM

Reporting Location: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

## Reporter Details:

Full Name: \_\_\_\_\_

Job Title / Position: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Number / Email: \_\_\_\_\_

## Near Miss Details:

Date and Time of Near Miss: \_\_\_\_\_

Location of Near Miss: \_\_\_\_\_

Description of Near Miss:

Immediate Actions Taken:

## Witnesses (if any):

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

Contact Number: \_\_\_\_\_

Statement:

## Root Cause Analysis:

**REPORTER'S SIGNATURE**

**SUPERVISOR'S SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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