

# NEAR MISS INCIDENT REPORT

---

Date of Report: \_\_\_\_\_, 20\_\_\_\_

## Person(s) Involved

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

Contact Information: \_\_\_\_\_

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

Contact Information: \_\_\_\_\_

## Near Miss Details

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM

Location: \_\_\_\_\_

Type: (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Risky Behavior        | <input type="checkbox"/> Hazardous Area Conditions | <input type="checkbox"/> Improper Equipment Use |
| <input type="checkbox"/> Faulty Equipment      | <input type="checkbox"/> Inadequate PPE            | <input type="checkbox"/> Missing Safety Signage |
| <input type="checkbox"/> Blocked Access Routes | <input type="checkbox"/> Environmental Hazard      | <input type="checkbox"/> Other: _____           |

Describe the near miss:

---

---

---

## Actions Taken

Was the hazard removed or corrected immediately? ☐ Yes ☐ No

Describe the actions taken to remove or prevent the hazard:

---

---

---

Was the near miss reported to anyone?

☐ Yes ☐ No

Who was notified?

- ☐ Supervisor  
☐ Safety Officer  
☐ Human Resources  
☐ Other: \_\_\_\_\_



### Potential Consequences

What could have happened if the situation had not been addressed or avoided?

---

---

---

### Witness(es)

Were there any witnesses to the near miss? ☐ Yes ☐ No

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

Contact Information: \_\_\_\_\_

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

Contact Information: \_\_\_\_\_

### Supporting Document

Are supporting documents attached?

☐ Yes ☐ No

Describe the supporting documents:

---

---

---

### Reporting Person

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

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

