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**Near Miss Reporting Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **NEAR MISS DETAILS** | | | |
| Date and time of the near miss | | **:** |  |
| Location of the near miss | | **:** |  |
| Describe the near miss | | **:** |  |
|  | |  |  |
| Details of the witnesses, if any | | **:** |  |
|  |  | |  |

|  |  |  |
| --- | --- | --- |
| **NEAR MISS CATEGORY** | | |
| Select the appropriate category for the near miss: | | |
|  |  | |
|  | Slip, Trip, or Fall | |
|  | Equipment or Machinery Malfunction | |
|  | Unsafe Work Conditions | |
|  | Hazardous Material Exposure | |
|  | Communication Failure | |
|  | Procedural Error | |
|  | Other (specify**) :** |  |

|  |  |  |
| --- | --- | --- |
| **PERSON(S) INVOLVED** | | |
| Name(s) of the person(s) directly involved in the near miss | **:** |  |
|  |  |  |
| Job title(s) of the person(s) involved | **:** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **DESCRIPTION OF POTENTIAL CONSEQUENCES** | | |
| Describe the potential consequences if the near miss had resulted in an incident | **:** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **ACTIONS TAKEN** | | |
| Describe any immediate actions taken to prevent an incident after the near miss | **:** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **CONTRIBUTING FACTORS** | | |
| Were there any contributing factors to the near miss? If yes, select the relevant factors: | | |
|  |  | |
|  | Inadequate training | |
|  | Equipment failure | |
|  | Unsafe work conditions | |
|  | Poor housekeeping | |
|  | Human error | |
|  | Lack of supervision | |
|  | Lack of Communication | |
|  | Time pressure | |
|  | Other (Specify**) :** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **PREVENTIVE MEASURES** | | |
| What preventive measures can be implemented to avoid similar near misses in the future? | **:** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **ADDITIONAL COMMENTS** | | |
| Is there any additional information or comments you would like to include? | **:** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **REPORT FILTER** | | |
| Name | **:** |  |
| Job Title / Role | **:** |  |
| Contact Details | **:** |  |

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