

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 :

Template provided by:



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