



Near Miss Reporting Form

No. _____

Date: _____

Time: _____

Name: _____

Job Location: _____

Exact Location: _____

Incident description – (What Happened??)

What Corrective action was taken at the time of the incident, if any:

Recommendation – (to correct and prevent future occurrences)

Diagram and or photos submitted

Investigators comments:

Received by : _____

Investigated by: _____

Date: _____

Date: _____

Forwarded to Occupational Health and Safety committee on : _____ by: _____
Date Initials