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Information

Document No.

Conducted on



Employee Name (optional):

Instructions:

1. Required to be completed when you experience a Safety Near Miss in the workplace
 2. To be completed in full and emailed to direct manager or the Health & Safety Manager.
-

Near Miss Defined

Near miss is a “unplanned event that did not result in injury, illness or damage – but had the potential to do so.”

Date & Time of Near Miss:

Location of Near Miss. If customers site, please provide address



Select the category the near-miss most relates to:

- Fall from height
- Trip / Fall on same level
- Fall from equipment
- Hazardous Manual Handling
- Electric Shock
- Caught between/underneath
- Hazardous Substance
-

Describe how the Near Miss occurred (include the body part and type of pain if any):

Describe what lead up to and caused the Near Miss. Identify root causes:

What was learned and changed due to the Near Miss?

If a photo will help explain the what, where, why, or the injury upload the picture here:



Choose your level of anonymity for this near miss report

- Anonymous
- Provide Name

By my signature below I attest that the information I have provided is true and accurate to the best of my knowledge:

Signature:



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