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| **Site** |  | **Near miss Number** |  |

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| **Details of the Near miss (What, Where, When)** | |
| **Short description of near miss** |  |
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| **Task being performed at the time** |  |
| **Area where near miss occurred** |  |
| **Date of incident** |  |
| **Time of incident** |  |
| **Details of the near miss investigation (Whom)** | |
| **Name of employee or process** |  |
| **Job description employee (if applicable)** |  |
| **Qualification/Certificate and or design of process or employee available.** |  |
| **Name of person who reported incident** |  |
| **Date of report** |  |
| **Name of person leading investigation** |  |
| **Near miss Investigation (why)** | |
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| **Investigator Recommendations** |
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| **Corrective Action** |
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| **Acknowledgment** | | | |
| Responsible employee (if Applicable) | Name & Surname | Signature | Date |
| Supervisor | Name & Surname | Signature | Date |
| Manager | Name & Surname | Signature | Date |
| Safety Personnel | Name & Surname | Signature | Date |