

INCIDENT/NEAR MISS REPORT

Report No:

Incident/Near Miss Details:

Name of Person Reporting Incident: _____ Branch: _____

Date of Incident/Near Miss: _____

Time of Incident/Near Miss: _____ Location of Incident: _____

Incident Details:

Briefly Describe the Incident/Near Miss:

Why did the incident/Near Miss Occur:

(Identify any unsafe acts and unsafe conditions)

Recommended Actions to Prevent a Re-occurrence:

Corrective Action	Responsibility for Corrective Action	Agreed Date for Completion	Actual Completion Date
1			
2			
3			

Signed: _____
Employee Reporting

Date: _____

Signed: _____
Supervisor

Date: _____

Signed: _____
Managing Director

Date: _____