

# Near Miss Report

Format No.:

DEPARTMENT/LOCATION	
DATE	TIME
	AM / PM
Tick mark - appropriate condition	
<input type="checkbox"/> Unsafe Equipment	<input type="checkbox"/> Unsafe Condition
<input type="checkbox"/> Unsafe Act	<input type="checkbox"/> Unsafe Use of Equipment
Potential Hazard - Description of Incident	
INVESTIGATION OF NEARMISS	
Description of near miss	
Primary Contributing - Causes	
Corrective Action Taken (Eliminate, Minimize Hazards - Repair, Replace, Retain)	

Status (Completed / Not Completed)	Date of Completed	Report Submitted by Signature	Employee (Victim) Signature

Following Reasons for not Completed:

Target Date of Completion: \_\_\_\_\_ CLOSING DATE : \_\_\_\_\_ ( by Management People)

Authorized Signature (Management): \_\_\_\_\_