

Near Miss Report

Capture close calls before they become injuries

Company: _____

Report #: _____

Date: _____

COMPLETE THIS SECTION: Reporter / Employee

1. BASIC INFORMATION

Date of Event: _____ Time: _____ Location/Dept: _____

Your Name (optional): _____ Job Title: _____

2. WHAT HAPPENED

Describe the near miss (what was the close call, what could have happened):

Who was involved or nearby? _____

Equipment, materials, or conditions involved: _____

3. HAZARD TYPE

Check all that apply:

<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Struck-by	<input type="checkbox"/> Caught-in/between	<input type="checkbox"/> Fall from height
<input type="checkbox"/> Chemical/hazmat	<input type="checkbox"/> Electrical	<input type="checkbox"/> Ergonomic	<input type="checkbox"/> Vehicle/equipment
<input type="checkbox"/> Other: _____			

If injury had occurred, potential severity:

<input type="checkbox"/> Minor First aid	<input type="checkbox"/> Moderate Medical treatment	<input type="checkbox"/> Serious Lost time	<input type="checkbox"/> Catastrophic Fatality
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4. IMMEDIATE ACTIONS & SUGGESTIONS

What did you do right away to address the hazard?

Any suggestions to prevent this from happening again?

Reporter Signature (optional): _____ Date: _____

COMPLETE THIS SECTION: Safety Team / Investigator**5. ROOT CAUSE ANALYSIS**

Contributing factors (check all that apply):

Training/knowledge gap Equipment malfunction Procedure not followed No procedure exists
 Environmental condition Communication failure Human error/rushing PPE issue
 Other: _____

Root cause description (why did this near miss occur?):

6. CORRECTIVE ACTIONS

Actions required to prevent recurrence:

Action Item	Assigned To	Due Date	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

7. REVIEW & CLOSURE

Investigation notes / additional findings:

Follow-up investigation required? Yes No If yes, assigned to: _____All corrective actions verified complete? Yes No N/A Date closed: _____

Investigated by: _____ Date: _____

Reviewed by (Safety Manager): _____ Date: _____