

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 |
|--|---|--|--|

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):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Training/knowledge gap | <input type="checkbox"/> Equipment malfunction | <input type="checkbox"/> Procedure not followed | <input type="checkbox"/> No procedure exists |
| <input type="checkbox"/> Environmental condition | <input type="checkbox"/> Communication failure | <input type="checkbox"/> Human error/rushing | <input type="checkbox"/> PPE issue |
| <input type="checkbox"/> 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: _____