



Near Miss Form

Job Name:			
Location of Near Miss:			
Date and Time:			
Type of Near Miss Involving:	PERSON <input type="checkbox"/>	VEHICLE <input type="checkbox"/>	PROPERTY <input type="checkbox"/> EQUIPMENT <input type="checkbox"/> TOOLS <input type="checkbox"/>
Description of Incident: (Include factors contributing to the incident, nature of severity, other staff involved, etc.)			
Preventative, Corrective Action(s) Taken or Recommended:			
Name of Person Reporting:			
OFFICE USE ONLY BELOW			
Corrective Actions Satisfactory:	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Signed:		Date:	
Management / Supervisor:		Date:	