

# Near Miss Incident Reporting Form

Please fill out this form to report any near miss incident. A near miss is an unplanned event that did not result in injury, illness, or damage, but had the potential to do so.

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## 1. Reporter Information

Reporter Name:

Department/Section:

Phone/Contact Number:

Date of Report (DD/MM/YYYY):

## 2. Incident Details

Date of Incident (DD/MM/YYYY):

Time of Incident (e.g., 14:30):

Specific Location of Incident:

## 3. Incident Description

Describe what happened (What was the hazard? What prevented an injury or damage?):

## 4. Contributing Factors

Identify any unsafe conditions, unsafe acts, equipment issues, or environmental factors:

## 5. Corrective Action

What immediate actions were taken to make the area safe?

What further actions do you recommend to prevent recurrence?

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## 6. Signatures (For Printed Record)

Reporter Signature:  Date:

Supervisor Signature:  Date: