



Near Miss Reporting Form

NEAR MISS DETAILS

Date and time of near miss : _____

Location of the near miss : _____

Describe the near miss : _____

Details of the witnesses, if any : _____

NEAR MISS CATEGORY

Select the appropriate category for the near miss:

- | | |
|---|--|
| <input type="checkbox"/> Slip, Trip or Fall | <input type="checkbox"/> Hazardous Material Exposure |
| <input type="checkbox"/> Equipment or Machinery Malfunction | <input type="checkbox"/> Communication Failure |
| <input type="checkbox"/> Unsafe Work Conditions | <input type="checkbox"/> Procedural Error |
| <input type="checkbox"/> Other (specify) : _____ | |

PERSON(S) INVOLVED

Name(s) of the person(s) directly
Involved in the near miss : _____

Role(s) of the person(s) involved : _____

DESCRIPTIONS OF POTENTIAL CONSEQUENCES

Describe the potential
consequences if the near miss
had resulted in an incident : _____



Founder Member: Weir Quay Community Watersports Hub Club Ltd

ACTIONS TAKEN

Describe any immediate actions
taken to prevent an incident after
the near miss :

CONTRIBUTING FACTORS

Were there any contributing factors to the near miss? If yes, select the relevant factors:

- | | |
|---|--|
| <input type="checkbox"/> Inadequate training | <input type="checkbox"/> Human error |
| <input type="checkbox"/> Equipment failure | <input type="checkbox"/> Lack of supervision |
| <input type="checkbox"/> Unsafe work conditions | <input type="checkbox"/> Lack of communication |
| <input type="checkbox"/> Poor housekeeping | <input type="checkbox"/> Time pressure |
| <input type="checkbox"/> Other (Specify) : | |

PREVENTIVE MEASURES

What preventive measures can
Be implemented to avoid similar
Near misses in the future? :

ADDITIONAL COMMENTS

Is there any additional information
Or comments you would like to
Include? :

REPORT COMPLETED BY

Name :

Job Title / Role :

Contact Details :
