

# Workplace Near-Miss Incident Record

Date of Incident

Time of Incident

Location

Specify work area or site

Reported By

Name

Department

Department

Supervisor

Supervisor Name

---

Description of Near-Miss

Briefly describe what happened

Immediate Actions Taken

Describe actions taken to prevent an incident

Witnesses (if any)

Names separated by commas

Potential Consequences

Select



Suggestions/Corrective Actions

Describe how to prevent similar near-misses

Reviewed By

Name

Review Date