

# Near Miss Incident Report

Date of Report

Time of Incident

eg. 10:30 AM

Location

eg. Building Site, Zone B

Reported By

Full Name

Position / Trade

eg. Electrician

## Near Miss Details

Description of Incident

Describe what happened, including sequence of events

Potential Consequence

eg. Injury, equipment damage

Persons Involved (if any)

eg. John Doe

Subcontractor or Company (if applicable)

Type of Near Miss

Select One

## Immediate Actions Taken

Describe any immediate action(s) taken to prevent recurrence

## Preventive / Corrective Measures

Recommendations for future prevention

Supervisor / Manager Name

Date

