

Company Name:	
Date of Report:	



"Near Miss" Incident Report

1. Person(s) Involved

Name:	
Job Title:	
Contact #:	

2. Details of Near Miss

Location:			
Date:		Time:	AM/PM
Equipment Used:			
Description of Near Miss:			
Describe the Cause:			
Recommended Action:			
Submitted by:		Signature:	

TO BE COMPLETED BY MANAGEMENT

Authorized Signature:		Date:	
Target Date of Completion:		Closing Date:	
Corrective Action Taken:			
Status:	Completed/ Not Completed	Date of Completion:	
Notes:			