Near Miss Reporting Form

Site:	Name(optional):	Date:	Location of Near Miss:

☐ Slip Fall	☐ Lifting	☐ Forklift Ops	☐ Fall Hazard	☐ Other: ________

What Happened: ______________________________

Ways to prevent from happening again: ______________________________

This section is to be completed by management or safety committee

Assigned to: ____________	Estimated completion date:	Actual completion date:

Actions Taken: ______________________________

No Action Taken: ☐

Reason: ______________________________

Near Miss Reporting Form

Site:	Name(optional):	Date:	Location of Near Miss:

☐ Slip Fall	☐ Lifting	☐ Forklift Ops	☐ Fall Hazard	☐ Other: ________

What Happened: ______________________________

Ways to prevent from happening again: ______________________________

This section is to be completed by management or safety committee

Assigned to: ____________	Estimated completion date:	Actual completion date:

Actions Taken: ______________________________

No Action Taken: ☐

Reason: ______________________________