8	Near Mi	ss Reporting Form	8	Near Miss Reporting Form			
Site:	Name(optional):	Date: Loca	ntion of Near Miss:	Site:	Name(optional):	Date: Loc	cation of Near Miss:
Slip Fall		Forklift Fall ps Hazard	Other:	Slip Fall	Lifting O	Forklift Fall	S S TO THE RESIDENCE SERVICES
What Happe	ened:			What Happe	nea:		
Ways to pre	vent from happenir	ng again:	50	Ways to prev	vent from happenin	ng again:	8
This section	is to be completed	by management or	safety committee	This section	is to be completed	by management or	safety committee
Assigned to:		Estimated completion date:	Actual completion date:	Assigned to:		Estimated completion date:	Actual completion date:
Actions Take	en:		J	Actions Take	:n:	<u> </u>	
No Action Ta	aken:			No Action Ta	iken:		
Reason:				Reason:			