

Near Miss Report Checklist

This checklist should be completed whenever an unplanned incident occurs **WITHOUT** injury to person or damage to property but had the potential for injury or damage.

General Information											
Date of Near Miss (dd/mm/yy)											
Time of Near Miss											
Location of Near Miss											
Name of Person(s) involved in Near Miss											
Name of any Witnesses to Near Miss											
What Type of Near Miss Occurred?	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Caught/Struck</td> <td style="border: none;"><input type="checkbox"/> Hazardous Contact</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Electrical Shock</td> <td style="border: none;"><input type="checkbox"/> Driving/Collision</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Slip/Trip</td> <td style="border: none;"><input type="checkbox"/> PPE Missing/Failing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Ergonomic</td> <td style="border: none;"><input type="checkbox"/> Fall from Height/Equipment</td> </tr> <tr> <td colspan="2" style="border: none;"><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Caught/Struck	<input type="checkbox"/> Hazardous Contact	<input type="checkbox"/> Electrical Shock	<input type="checkbox"/> Driving/Collision	<input type="checkbox"/> Slip/Trip	<input type="checkbox"/> PPE Missing/Failing	<input type="checkbox"/> Ergonomic	<input type="checkbox"/> Fall from Height/Equipment	<input type="checkbox"/> Other:	
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<input type="checkbox"/> Other:											
Description of Near Miss											
Describe the Near Miss event and any actual or potential consequences											
What can be done in the future to prevent potential harm to yourself and your team members?											
Confidentiality & Signature											
This report is confidential and will be used solely for the purpose of protecting employees and WILL NOT be used to fix blame or fault on any party or person.	<input type="checkbox"/> Accept										
Name of Person Filing Report:											
Signature:											

Disclaimer

This checklist provides general information about Near Miss reporting and is not to be considered advice, nor treated as such. The information provide herein is provided without any representations or warranties – express or implied and Certainty Software Inc. make no representations or warranties in relation to this checklist.