



# Near Miss Report Form

Date: \_\_\_\_\_ | Inspector: \_\_\_\_\_ | Doc #: \_\_\_\_\_

## Disclaimer

This inspection report has been prepared in good faith and based on information available at the time of inspection. The findings, observations, and recommendations contained herein are based on the conditions observed during the inspection and are subject to the limitations and scope of work as defined in the inspection agreement.

<b>Report Date</b>	
<b>Document Number</b>	
<b>Site / Location</b>	
<b>Department / Area</b>	
<b>Reported By</b>	
<b>Reporter Job Title</b>	
<b>Supervisor / Manager</b>	
<b>Near Miss Reference</b>	



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### General Summary of Near Miss





## Near Miss Details

### Event Details

Date of Near Miss

Time of Near Miss

Exact Location (area, plant, equipment)

Detailed Description of Near Miss

Work Activity Being Performed

Persons Involved (names and roles)



**Witnesses**

**Photos / Evidence**

**Potential Consequences**

Could the event have resulted in injury or illness?

Yes  No

Could the event have resulted in property or equipment damage?

Yes  No  N/A

Could the event have resulted in environmental harm?

Yes  No  N/A

Could the event have disrupted operations or production?

Yes  No  N/A

**Most Likely Potential Outcome**

**Potential Severity Rating**

Minor  Moderate  Major  Critical



## Causes & Immediate Actions

### Immediate Causes

#### Unsafe Acts (if any)

#### Unsafe Conditions (if any)

#### Underlying / Root Causes (initial assessment)



IMMEDIATE CORRECTIVE ACTIONS					
ACTION DESCRIPTION	RESPONSIBLE PERSON	TARGET COMPLETION DATE	ACTUAL COMPLETION DATE	ACTION COMPLETED?	ACTION EFFECTIVENESS / FOLLOW-UP NOTES
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



## Investigation & Sign Off

### Investigation Summary

Investigation Conducted By

Investigation Team Members

Summary of Findings

Recommended Long-Term Actions



## Approvals & Sign Off

**Reporter Signature**

\_\_\_\_\_

Date:

**Reporter Sign Off Date**

**Supervisor / Manager Signature**

\_\_\_\_\_

Date:

**Supervisor Sign Off Date**

**Comments / Final Remarks**