



Near Miss Report Form

Capture the event, potential severity, causes, immediate actions, and investigation ownership before harm occurs.

SITE / LOCATION

DEPARTMENT / AREA

REPORTED BY

JOB TITLE

SUPERVISOR / MANAGER

NEAR MISS REFERENCE

REPORT DATE

DATE / TIME OF EVENT

1. What nearly happened

EXACT LOCATION (BUILDING, PLANT, EQUIPMENT, GRID)

DETAILED DESCRIPTION OF THE NEAR MISS

WORK ACTIVITY BEING PERFORMED

PERSONS INVOLVED (NAMES / ROLES)

WITNESSES

Photos / CCTV / evidence attached

☐ Yes

☐ No

☐ N/A

2. Potential consequences

Could have caused injury / illness

☐ Yes

☐ No

☐ N/A

Could have caused property / equipment damage

☐ Yes

☐ No

☐ N/A

Could have caused environmental harm

☐ Yes

☐ No

☐ N/A

Could have disrupted operations / production

☐ Yes

☐ No

☐ N/A

Most likely potential severity

☐ Minor

☐ Moderate

☐ Major

☐ Critical

Likelihood if controls unchanged

☐ Rare

☐ Unlikely

☐ Possible

☐ Likely

3. Causes

UNSAFE ACTS (IF ANY)

UNSAFE CONDITIONS (IF ANY)

4. Immediate actions & investigation

IMMEDIATE CORRECTIVE ACTIONS

ACTION	OWNER	DUE	DONE?	NOTES

INVESTIGATION LEAD

INVESTIGATION FINDINGS / LONG-TERM ACTIONS

Sign-off

REPORTER SIGNATURE / DATE

SUPERVISOR SIGNATURE / DATE

FINAL REMARKS