

Near Miss Reporting Checklist

Incident Details

Description of the near miss:

Date of incident:

Time of incident:

Location:

Employees involved:

Immediate Actions Taken

Was the hazard removed or controlled immediately? Yes No

Was the area made safe for others? Yes No

Risk Category

Slips, trips, falls	<input type="checkbox"/>	Chemical handling	<input type="checkbox"/>
Machinery/equipment	<input type="checkbox"/>	Communication failures	<input type="checkbox"/>
Working at heights	<input type="checkbox"/>	Risky behaviour	<input type="checkbox"/>

Root Cause Analysis

What caused the near miss to occur?

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Were there any underlying safety system failures?

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What follow up actions are required to address the root cause?

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