

Near Miss Report Form

Your name:	
Your contact details	
Date and time of incident	
Name of individual(s) involved in incident	Contact details
Brief description of incident	
Details of any injuries	
Outline of actions taken	

Details of on-site first aid
Details of annual control of the con
Details of emergency service support
Details of any evacuation
Details of any witnesses
Outcomes (as far as can be determined at time of report)
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Any additional information