

NEAR MISS REPORT FORM

Note:

This form should be completed whenever a Near Miss occurs - that is an incident WITHOUT injury to person or damage to property.

If personnel or property were injured or damaged during the incident, do not use this form. Use the 'ACCIDENT / INCIDENT REPORT FORM'.

NEAR MISS REPORT FORM	
i	Date of Near Miss: Time of Near Miss:
ii	Location of Near Miss:
iii	Who was involved in the Near Miss: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Public <input type="checkbox"/> Contractor <input type="checkbox"/> Visitors
iv	Name of person(s) involved in Near Miss:
v	Name, Address & Contact details of any witnesses to Near Miss:
vi	Description of Near Miss:
vii	Steps taken to prevent a recurrence of this type of Near Miss incident:
	Signature of person completing report: Date:
	Print Name & Job Title:
	Signature of Head of Department/School/Function: Date:
	Print name:

(Copies of the completed Near Miss Report Form are to be sent to the Health & Safety Co-Ordinator, the Vice President for Finance & Corporate Affairs and the Estates Office)