**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 no use this form. Use the ‘ACCIDENT / INCIDENT REPORT FORM’.

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| **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:**  **🞎 Student 🞎 Employee 🞎 Public 🞎 Contractor 🞎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 reoccurrence 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)**