



<b>Policy:</b>	<b>Near Miss Report Form</b>	<b>Reference:</b>	<b>NMRSES0078</b>
		<b>Review Date:</b>	<b>03/2023</b>

Site (location):	
Reported by:	
Names of Witness(es) to the event:	
Date of Occurrence:	
Time of Occurrence:	
Number of people involved:	

Once section A is completed, pass to your immediate manager or nominated H&S representative.

Section A – Details of Occurrence:
------------------------------------

Signed:.....

Section B – Manager or nominated H&S representative: What can be done to prevent a reoccurrence:
---

To be completed when action has been taken.

Actions taken:
----------------

Actioned By:..... Signature:..... Date:.....