

Policy:	Near M	iss Report Form	Reference:	NMRSES0078	
			Review Date:	03/2023	
Site (location):					
Reported by:					
Names of Witness(es) to the event:					
Date of Occurrence:					
Time of Occurrence:					
Number of people involved:					
Once postion A is completed page to your immediate manager or perinated LISS representative					
Once section A is completed, pass to your immediate manager or nominated H&S representative.  Section A – Details of Occurrence:					
decition At Details of decarrence.					
Signed:					
Outin D. Marana and J. 100 and J.					
Section B – Manager or nominated H&S representative: What can be done to prevent a reoccurrence:					
What our be done to prevent a resocurrence.					
To be completed when action has been taken.					
Actions taken:					
Actioned By: Date: Date:					