Your Logo

NEAR MISS REPORT FORM No. .....

Report every near miss as soon as possible, while the details are fresh. If anyone was injured, use an accident report form instead.

1. TIME AND PLACE			
Organisation / site		**Exact location / area**	
Date and time of event		**Date reported**	
Manager in charge of the area			
Task being carried out			
Conditions	☐ Daylight ☐ Dark ☐ Artificial lighting ☐ Wet / icy ☐ Other:		

2. TYPE OF REPORT AND HAZARD	
What are you reporting?	☐ Near miss ☐ Unsafe condition ☐ Unsafe act ☐ Positive observation
Type of hazard	☐ Slip / trip ☐ Fall from height ☐ Falling object ☐ Vehicle / plant ☐ Lifting operation ☐ Machinery ☐ Electrical ☐ Fire / explosion ☐ Hazardous substance ☐ Manual handling ☐ Other: .....

3. WHAT HAPPENED			
What did you see?			
What could have happened?			
Equipment, vehicle or substance involved			
People involved (names / roles)			
Witness 1 (name, contact)		**Witness 2 (name, contact)**	
Photos taken	☐ Yes ☐ No Number / reference:		

4. POTENTIAL OUTCOME AND RISK SCORE	
Potential outcome	☐ Injury to staff ☐ Injury to a contractor, visitor or member of the public ☐ Damage to equipment or property ☐ Environmental release ☐ Other: .....
Likelihood	☐ 1 Rare ☐ 2 Unlikely ☐ 3 Possible ☐ 4 Likely ☐ 5 Almost certain
Potential severity	☐ 1 Minor ☐ 2 First aid ☐ 3 Lost time ☐ 4 Major injury ☐ 5 Fatal
Risk score (likelihood × severity)	Score: ..... ☐ 1-4 Low ☐ 5-12 Medium ☐ 15-25 High

5. DANGEROUS OCCURRENCE CHECK (RIDDOR SCHEDULE 2)			
Listed in Schedule 2 of RIDDOR?	☐ No ☐ Yes ☐ Unsure: refer to the health and safety lead		
Examples: failure of lifting equipment · contact with overhead power lines · collapse of a scaffold more than 5 m high · electrical short circuit causing a fire or explosion · accidental release of a hazardous substance.			
Reported to the HSE	☐ Not required ☐ Online ☐ By phone		
Date reported		**HSE reference**	
Reported by		**Job title**	
This form does not replace the RIDDOR report to the HSE. Check the HSE website for the full list of dangerous occurrences.			

6. IMMEDIATE ACTION AND SUGGESTIONS	
Action taken straight away	
Area made safe?	☐ Yes ☐ No, still to do: .....
Suggestions to stop it happening again	

7. FOLLOW-UP (COMPLETED BY THE MANAGER)				
Investigation level	☐ Quick fix ☐ Full investigation			
Root cause				
Risk assessment review needed	☐ No ☐ Yes: risk assessment ref.			
Reporter told what was done	☐ Yes, date: ..... ☐ Not applicable (anonymous report)			
Corrective action		**Owner**	**Due date**	**Done**
				☐
				☐
				☐
				☐
				☐

8. REPORTED BY AND SIGN-OFF	
Name: *(optional if your policy allows anonymous reports)* **Job / position:** **Contact (phone or email):**	**Name:** **Date closed:**
Signature of the person reporting	**Signature of the manager**

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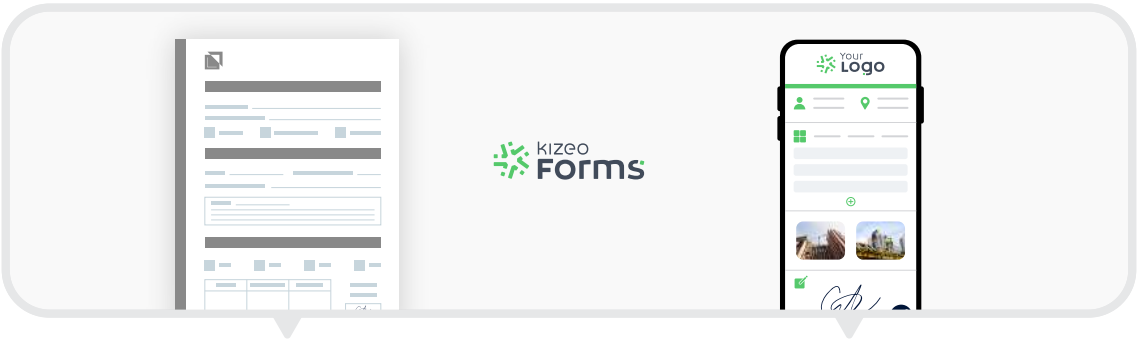

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