

H&S Form 12 – Near Miss Report

This form should be used to record an unplanned event which did not result in injury or ill health

Branch:

About the person making the report: Name: Position: Department/Location:
Where did the incident/near miss take place? Location details (include photos/drawings if required)
When did the incident/near miss take place? Date: Time:
What happened? Please give details/description of what happened:
Actions taken: Please give details of any immediate action taken, using the page 2 to record any future corrective/preventative actions identified (if necessary)

Signed (Investigator) Date.....

Future Corrective Action (if applicable)
Please detail corrective/preventative actions required:
Person responsible for corrective action:
Target date by which recommendations are to be completed:
Date recommendations completed:

Signed (Investigator) Date.....