

# Near Miss/Hazard Report Form

*If you identify a hazard or a near miss has occurred that may have the potential to cause harm or damage to any person, environment, property or equipment – then it must be reported.*

Report completed by:		Contract No. or Site/Office:	
Date of NM:		Time of NM:	
Near Miss or Hazard?	Near Miss <input type="checkbox"/> Hazard <input type="checkbox"/>		

What was the Near Miss or Hazard?

Brief details of who and what was involved (people, subcontractors, suppliers, companies, equipment, plant, tools, materials)

Root/Underlying Causes? (What unsafe act or condition, human, organisational, managerial or job factors caused the event?)

Corrective Action taken? (Detail what immediate action has been taken to rectify the Near Miss or Hazard and the date and time)

Preventative Action taken or suggested: (long term, company, supply chain, procedural, document, policy)

Who has been informed and when?

I certify that the above details are factually correct to the best of my knowledge:

Print Name:..... Signature:.....

*All completed forms are to be sent to a member of the EHS Department as soon as possible with any other associated information.*