

Blank Near Miss Safety Incident Report Example

Date of Report

Date of Incident

Time of Incident

Location of Incident

Enter location

Reported By

Full Name

Department/Area

Department or Area

Description of the Near Miss

Describe the incident or near miss in detail

Cause or Potential Cause

Describe the cause or potential cause

Immediate Actions Taken

Mention any actions taken right after the incident

Recommendations / Preventive Measures

Any recommendations to prevent recurrence

Witnesses (if any)

Name(s) of any witnesses