NEAR MISS INVESTIGATION FORM

| Company/Branch: | Department: | | | |
| --- | --- | --- | --- | --- |
| Exact Location: | Date of Occurrence: | Time: | | Date Reported: |
| AM | PM |

**Stats on the Near Miss**

| Employee’s Name: | Date Hired: | Time On Job: | | Age: |
| --- | --- | --- | --- | --- |
| Occupation: | Nature Of near miss: | | Damage to area/property: | |

**Description of the Near Miss**

| Described clearly how the near miss occurred? What Acts, Failure To Act And/or Conditions Contributed Directly To This?   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |   Please Attach Separate Sheet If Required |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**Immediate Action(s) Taken To Prevent Recurrence**

| What Actions Has Or Will Be Taken To Prevent Recurrence.   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  |   Please Attach Separate Sheet If Required | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  |  |  |  |  |
| Immediate Supervisor Investigated By (Print): |  | Immediate Supervisor Reviewed By (Signature): |  | Date: |
|  |  |  |  |  |
| Investigated By (Print): |  | Reviewed By (Signature): |  | Date: |
|  |  |  |  |  |
| Employee (Print): |  | Employee (Signature): |  | Date: |