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?

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 Please Attach Separate Sheet If Required |
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**Immediate Action(s) Taken To Prevent Recurrence**

| What Actions Has Or Will Be Taken To Prevent Recurrence.

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 Please Attach Separate Sheet If Required |
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| Immediate Supervisor Investigated By (Print): |  | Immediate Supervisor Reviewed By (Signature): |  | Date: |
|  |  |  |  |  |
| Investigated By (Print): |  | Reviewed By (Signature): |  | Date: |
|  |  |  |  |  |
| Employee (Print): |  | Employee (Signature): |  | Date: |