## Near Miss Reporting Form

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| **Completed By: Position:**  | **Date:**  |
| **Job / Process / Location / Persons involved :**  |
| **Description of Near Miss:**  |

|  |  |
| --- | --- |
| **Rating of Risk (potential risk)** |  |
|  |
| (Rate the near-miss based on potential consequence and probability of recurrence) |
| **Cause of Near-Miss :**  |

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| --- |
| **Any action required to prevent recurrence\* :**   |

\*If corrective action is required this should be logged on issues register.