



Near Miss Report Form

Report near misses with location, description, potential consequences, corrective actions and supervisor review.

Document Information

SITE / DEPARTMENT

DATE OF NEAR MISS

REPORTED BY

Near Miss Details

LOCATION

TIME

DESCRIPTION OF NEAR MISS

POTENTIAL CONSEQUENCES

Immediate Action Taken

Corrective Actions to Prevent Recurrence

No.	Action Required	Responsible Person	Due Date	Status
1				
2				
3				
4				
5				

Supervisor Review

SUPERVISOR NAME

REVIEW DATE

REVIEW COMMENTS

Reporter

Supervisor

SHEQ Officer

Name / Signature / Date

Name / Signature / Date

Name / Signature / Date

Disclaimer: These templates are provided as guidance tools and do not replace legal, regulatory, site-specific, or professional safety requirements.