

Internal Near Miss / Incident Report Form

Part 1:

Name of person completing the form:

Department/Subject:

Date of Report:/...../.....

What Happened? (provide a brief description).

Any immediate action taken?

Part 2: HM / Manager to complete.

What were the general factors that contributed to this near miss incident?

Is there anything that requires to be done to prevent avoid an accident?

Part 3: HM / Manager to complete.

What action has been taken to prevent a recurrence and control/remove the risk?

Part 4: HM / Manager to Complete.

Has a risk assessment been conducted/reviewed?

Are there additional control measures required? Detail and persons responsible with target completion dates:

Part 5: HM / Manager to complete.

Has the risk of a recurrence been removed/reduced to acceptable levels? If so, how?

Signed:

Dated:

Please give the completed form to Paul Anderson (Facilities Manager)