LOGO	**Near Miss Report** **QHSE Forms** **Organization Name**	**Doc Ref #**: XYZ/IMS/QHSE/F/00 **Issue Date**: DD-MM-YYYY **Rev #**: 00 Page **1** of **1**

Project Name		**Project Ref #**	
Site Name		**Location**	
Reporting Time		**Date**	
Reported By		**Designation**	

Mark all of the appropriate conditions given below, which describe the Near Miss Incident very best;

S/#	Concern	S/#	Concern
1	Near Miss	**6**	Safety concern
2	Unsafe act	**7**	Wrong use of equipment
3	Safety suggestion	**8**	Poor condition of the equipment
4	Negligence	**9**	Unsafe area
5	Others (described)	**10**	Other (described)

Describe the potential incident/hazard/concern that was observed and its possible outcome/consequences
Provide as much details as possible;

Safety Suggestions/ Recommendations/ Corrective Actions Proposed

Prepared By	Approved by

Date: _____