

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

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: _____