

|      |                          |  |
|------|--------------------------|--|
| LOGO | <b>Near Miss Report</b>  | Doc Ref #: XYZ/IMS/QHSE/F/00<br>Issue Date: DD-MM-YYYY<br>Rev #: 00<br>Page 1 of 3 |
|      | <b>QHSE Forms</b>        |  |
|      | <b>Organization Name</b> |  |

A **Near Miss** is an incident that is unplanned and unwanted and has potential to cause harm but in actual it didn't result so. Please complete the full form and return back to the HSE department for further investigation.

|                       |  |                           |  |
|-----------------------|--|---------------------------|--|
| <b>Project Name</b>   |  | <b>Date &amp; Time</b>    |  |
| <b>Location/ Site</b> |  | <b>Report Prepared by</b> |  |

|  |
|--|
| <b>Describe the Near Miss Incident – Please provide the maximum details about the incident</b> |
|  |

|                             |  |                           |  |
|-----------------------------|--|---------------------------|--|
| <b>Incident Reported By</b> |  | <b>Report Accepted By</b> |  |
|-----------------------------|--|---------------------------|--|

|                                     |   |   |   |
|-------------------------------------|---|---|---|
| <b>Outcome of the Event</b>         |   |   |   |
| Unsafe Act <input type="checkbox"/> | Unsafe Equipment <input type="checkbox"/> | Unsafe Condition <input type="checkbox"/> | Unsafe Use of Tool <input type="checkbox"/> |

|   |
|---|
| <b>Corrective Actions Taken Immediately</b> |
|   |

|   |                                   |                                   |                                   |                                      |
|---|-----------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|
| <b>Status</b>                           |                                   |                                   |                                   |                                      |
| Hazard Removed <input type="checkbox"/> | Replaced <input type="checkbox"/> | Repaired <input type="checkbox"/> | Retained <input type="checkbox"/> | SOPs Review <input type="checkbox"/> |

|                               |                               |
|-------------------------------|-------------------------------|
| <b>Responsible Persons</b>    |                               |
| <b>Name 1 &amp; Signature</b> | <b>Name 2 &amp; Signature</b> |
|                               |                               |

|                    |  |                    |  |
|--------------------|--|--------------------|--|
| <b>Designation</b> |  | <b>Designation</b> |  |
|--------------------|--|--------------------|--|

|                        |  |
|------------------------|--|
| <b>Complete Before</b> |  |
|------------------------|--|

|      |                          |  |
|------|--------------------------|--|
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**Near Miss Pectoral Evidence** – In case of video evidence, take snaps and attach video evidence and mention the reference number of evidences.

|                                |                                 |
|--------------------------------|---------------------------------|
| <b>Evidence 1 Refence #:</b>   | <b>Evidence 2 Refence #:</b>    |
|                                |                                 |
| <b>Evidence 3 Refence #:</b>   | <b>Evidence 4 Refence #:</b>    |
|                                |                                 |
| <b>Evidence 5 Refence #:</b>   | <b>Evidence 6 Refence #:</b>    |
|                                |                                 |
| <b>Evidence 7 Refence #:</b>   | <b>Evidence 8 Refence #:</b>    |
|                                |                                 |
| <b>Evidence 9 Reference #:</b> | <b>Evidence 10 Reference #:</b> |
|                                |                                 |