NEAR MISS INVESTIGATION REPORT

NM Ref. No.(CRC/YYYY/MM/SN):_____
Date: _____

Date of Notification:	**Time of Notification:** **A.M.** **P.M.**	**Witness(es) (Name & Emp. No.):**
Time of Investigation: **Started** _____ **am/pm** **Finished** _____ **am/pm**	**Reason for Delay (If any):** _____ _____	_____ _____ _____ _____ _____ _____ _____ _____
INVESTIGATION DETAILS		
Date of Incident:	**Time of Incident:** **A.M.** **P.M.**	**Location of Incident:**

Incident Sequence
Causes of the Near Miss (Unsafe Acts, Unsafe Conditions & Contributing Factors)
Recommended Preventive Measures
Action(s) Taken (Supervisor / Foreman & Project Manager / Project in-charge)

Remarks: _____

_____

_____
Supervisor / Foreman

DISTRIBUTION: *Project Manager* *HSE Manager* *Project HSE Staff*

NOTE: ***1.*** *Orally notify the HSE Administrator, Manager/ HSE Department immediately.*

2. *Start investigation upon the receipt of notification.*
3. *Enclose copy of the Near Miss incident report (SIS-S-R58).*