

Logo	Near Miss Report	Doc Ref #: XYZ/QHSE/F/00 Issue Date: DD-MM-YYYY Rev #: 00 Page 1 of 2
	QHSE Forms	
	Organization Name	

Project Ref #		Report ID #	
Project Name		Site Name	
Prepared By		Approved By	
Incident Date		Incident Time	

Provide details as much as possible to ensure that the investigation can be performed thoroughly and reoccurrence is prevented.

Category	Class A ☐	Class B ☐	Class C ☐
Description of incident what happened/ what was observed?			
Consequences	Injury ☐	Death ☐	Financial Loss ☐ Property Damage ☐
Equipment Involved	Company Owned ☐	Contractor ☐	Sub-Contractor ☐ Public ☐
	Equipment/Plant:		Mode/Manufacturer:
Causes			
Existing Controls			
Further Actions			
Reported By		Designation	
Attachments			

Prepared By	Approved By
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