



NEAR MISS REPORT FORM

1. Location Details

Site Date

Name of person reporting near miss

2. Near miss Details (PLEASE PRINT)

Name of person involved Sex M F Date of Birth

Date of Near miss Time Location

Precise nature of the Near Miss

3. Task

What was He / She doing at the time

How did the near miss arise:
(additional information / sketches please use reverse).

What can be done to prevent a re-occurrence?

4. Personal Protective Equipment (Worn) Please ũ

Helmet Eye protection Ear defenders Mask Overalls Gloves
 Protective footwear Other (specify)

5. Witness Details

Name	Works No.	Name	Works No.
Address / Co. <i>(If not an employee)</i>		Address / Co. <i>(If not an employee)</i>	

SIGNATURE:

Please fax form to Health and Safety Manager, Z-Tech Control Systems, Fax 01954 211706