



Near Miss Report Form

HS-RF#NM1 © Z-Tech Control Systems Ltd

Site/Location: Date: / / Q No:

Name of person involved:

Reported by (if different):

PRECISE NATURE OF THE NEAR MISS

WHAT WAS HE/SHE DOING AT THE TIME?

WHAT CAN BE DONE TO PREVENT A RE-OCCURANCE?

PERSONAL PROTECTIVE EQUIPMENT (WORN) please tick

Helmet Eye Protection Ear Defenders Mask Overalls Gloves Hi Vis
Protective Footwear Other (specify) _____

WITNESS DETAILS if applicable

Name: Phone:

Address (if not an employee):

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Signature: