

NEAR-MISS REPORT

Part 1 (Employee Reporting Near-Miss to Complete)

Description of Near-Miss:

.....

.....

.....

.....

.....

Location: Section/Building/Work Site

Precise Location:

Name of Management Representative to whom Near-Miss has been Reported:
.....

Name of H&S Representative to whom Near-Miss has been Reported:
.....

Date of Report:/...../..... Name of Person Reporting:

Part 2

Name of Management / Representative:

Corrective Action For Near-Miss Reported	Person Responsible	Completion Date

Signature of Reporting Employee: Date:/...../.....

Signature of H&S Representative: Date:/...../.....

Signature of Management Representative: Date:/...../.....

Copies to: (1) H&S Representative, (2) Management Representative, (3) Manager – Risk, Health and Safety