

Near Miss Form			
Name:		Date of Near Miss:	
Location:		Time of Near Miss:	

**Part 1.**

<b>Description</b>	What actually happened?
	What could have happened?

<b>Cause</b>	Why did it happen?

<b>Prevention</b>	How could we prevent this from occurring again?

**Once you have completed Part 1 please forward to your Manager to complete Part 2.**

**Part 2.**

<b>Outcome</b>	What has been done to Eliminate, Minimise or Isolate the Hazard?

Signature: \_\_\_\_\_ Job Title: \_\_\_\_\_ Date: \_\_\_\_\_