CRAGGY RANGE

 Near Miss Form

 Name:
 Date of Near Miss:

 Location:
 Time of Near Miss:

Part 1.

	What actually happened?
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Description	
SCL	What could have happened?
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	Why did it happen?
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	How could we prevent this from occurring again?
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Once you have completed Part 1 please forward to your Manager to complete Part 2.

Part 2.

	What has been done to Eliminate, Minimise or Isolate the Hazard?
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Signature:

Job Title:

Version 3 Last Reviewed: Oct 2015 Created: 30 10 2013 Next Review: Oct 2016 $Located \ S:\ Share\ Health \ and \ Safety$