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Appendix

Near-miss Incident Reporting Form

1.1. **Statement of intent**

3. Near-miss incident reporting form

Date of near-miss incident:	
Time of near-miss incident:	
Name of employee reporting near-miss incident:	
Department:	
Name of head of department:	
Location of near-miss incident (e.g. room number/corridor/entrance/office)	

Description of corrective action taken (e.g. remove the hazard, replace, repair, or retrain in the proper procedures for the task):

Were there any preventative measures in place before the near-miss incident occurred? If so, were these followed? (e.g. risk assessments, personal protective equipment, written procedures.):

What further action could be taken to prevent re-occurring near-misses and/or accidents causing injury? (e.g. replacement of equipment, review of risk assessments, further staff training, control measures etc.):

Further action taken: