

	TYPE:
	PROACTIVE
	NEAR MISS
	UNSAFE ACT

NEAR MISS REPORT (Mando Worker)

All sections to be completed by operatives and report to be returned to your line manager

Section 1 – Reporters account of incident		
Name:.....	Date:	Time:
Location:	Client:	
Description of incident:		

Section 2 – Shift Supervisors Report		
Possible Injury: YES / NO	Site Inspected: YES / NO	
Damage to Plant/ Equipment/ Vehicles: YES / NO		
Comments:		
Initial action taken by supervisor to prevent recurrence:		
Name:	Signed:	Date:

Section 3 – Line Managers comments and recommendations to avoid a similar incident:		
Name:	Signed:	Date:
Actions to be completed by:		Date:

The adding or deletion of any part of this document is strictly forbidden and may result in disciplinary measures taken against any individual(s).