Near Miss Report Form

This form should be used to report an unplanned event which did not result in injury or ill health. (The College’s accident report form should be used if someone has been hurt as a result of the incident.)

The form should be completed and signed by

- the person supervising the work or
- the person in charge of the area where the accident happened.

The completed form should be sent to the College’s Health and Safety Adviser within 12 hours of the incident.

**Part A - about the incident**

When did it happen?  

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

Where did it happen?  
(Include building name, floor level, room number, etc where appropriate)

**Part B - describing what happened**

Briefly describe what happened and the events leading up to the incident.
**Part C - about the person completing this report**

What is your name?  

Job Title?  

What is your telephone number?  

Your signature  

Date  

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**Part D – recommendations to prevent a similar incident**

Describe any actions which you have taken or recommend should be taken to prevent a similar incident in the future