**Near Miss Investigation Form**

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| Name of Safety Monitor:  |

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| Date:  |  | Time:  |

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| **Details of person involved in near miss** |

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| Name:  |

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| Department:  |  | Job Title:  |

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| Approx. length of service: |  | Approx. length of time in current job: |

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| **Details of near miss** |

Briefly describe the circumstances leading to the Near Miss:

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Describe the equipment/processes being used (if any):

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| **Environmental conditions** |

What were conditions like prior to the accident occurring? (e.g. noise, temperature, lighting, dust, fumes, housekeeping, etc.):

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| **Sketch of scene** |

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Witnesses:

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| Name:  |

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| Department:  |  | Job Title:  |

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| --- |
| Name:  |

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| Department:  |  | Job Title:  |

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| **Machinery/Equipment** |

State if any machinery, tools or equipment were being used:

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Were safety devices or/and guards in place (please circle)? **YES NO**

Were your fit for purpose (please circle)? **YES NO**

Was there regular maintenance (please circle)? **YES NO**

Did it encompass safety (please circle)? **YES NO**

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| **Preventative Actions** |

What actions have been taken to prevent further occurrence?

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| **Confirmation** |

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| Signature of Site Monitor:  |  | Date:  |