

Near-Miss Incident Report

Date: [Insert Date]

Time: [Insert Time]

Location: [Insert Location]

Incident Description

[Describe the near-miss incident in detail, including what happened, potential consequences, and any contributing factors.]

Individuals Involved

Name: [Insert Name]

Position: [Insert Position]

Witnesses

Name: [Insert Witness Name]

Position: [Insert Position]

Immediate Actions Taken

[List any immediate actions that were taken in response to the incident.]

Recommendations for Prevention

[Provide recommendations to prevent similar incidents in the future.]

Reporting Officer

Name: [Insert Name]

Position: [Insert Position]

Date of Report: [Insert Date]