

Incident / Near Miss Report Form

Capture the facts while they're fresh and agree prevention actions.

Incident details

Date	Time	Location	Reported by
Type	Injury? (Y/N)	Damage? (Y/N)	Near miss?

What happened? (facts only)

Immediate actions taken

Action	By who	When

Root cause (simple)

- What allowed it to happen? _____
- What should change to prevent it? _____

Prevention actions

Action	Owner	Due date	Signed off