 | NEAR MISS | MINOR INCIDENT or INJURY REPORT



|  |  |  |  |
| --- | --- | --- | --- |
| Project Name & Location: |  | Today's Date: |  |
| DETAILS |
| Name of Person Involved: |  |
| Employer: |  | Occupation: |  |
| Date of Near Miss | Incident: |  | Time: | am pm |
| Location of Near Miss | Incident: |  |
| Were Injuries Reported | Sustained? |  |  | Yes |  | No |
| Describe Injuries sustained (if any) |  |
| Describe First Aid Administered: |  |
| CIRCUMSTANCES |
| Weather Conditions: | Sunny |  | Cloudy |  | Rain |  | Snow |
|  |  | Windy |  | Kmh | Temperature: |  |
| Describe what happened: |
|  |
| Machinery / Tools / Material involved In Near Miss | Incident: |  |
| Action(s) taken to prevent recurrence (do not leave blank) |  |
| WITNESSES |
|  | yes |  | no |  | Witness Statements Attached |  | Witness Statements NOT Attached |
| If witness statement not attached,explain why not: |  |
| Witness 1 Name: |  | Employer: |  |
| Witness 2 Name: |  | Employer: |  |
| Witness 3 Name: |  | Employer: |  |
| REPORTED BY |
| Name: |  | Employer: |  |
| Signature: |  | Date: |  |
| Time: |  |  | am |  | pm |
| REPORTED TO |
| Name: |  | Position: |  |
| Signature: |  | Date: |  |
| INVESTIGATED BY |
| Name: |  | Position: |  |
| Signature: |  | Date: |  |
| THIS REPORT DISTRIBUTED TO |
| Health & Safety Manager | jason.radovski@tuckerhirise.com |
| Site Manager |  |
| Certified Health & Safety Rep. |  |
| Others: |  |
| FOR INTERNAL PURPOSES ONLY |