

Hazard / Near Miss Reporting Form

Reported By: _____

Date: _____

Time: _____

Identify hazard / near miss: (What? Where?)

Risk Assessment

Consequences:

- Catastrophic
- Major
- Moderate
- Minor
- Insignificant

What did you do to eliminate, isolate or minimise the hazard or risk?

Likelihood:

- Almost Certain
- Likely
- Possible
- Unlikely
- Rare

What follow up action is required?

Sign Off

NAME: _____

SIGNATURE: _____