

**Near Miss Form****Name of Student**

SURNAME (BLOCK LETTERS)		OTHER NAMES	<input type="checkbox"/> MR <input type="checkbox"/> MISS <input type="checkbox"/> MRS <input type="checkbox"/> MS
ADDRESS			POSTCODE
Occupation:	Contact Number:	DATE OF BIRTH ____ / ____ / ____	
Date of Incident	Time of Incident:	Location of Incident:	
Reported to:	Position Title		

Description of Incident

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Potential Risk

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Recommended Action:

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Signatures:

Signed by:	Date:	Witness
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Report given to Director :

Signature: _____ Date: ____ / ____ / ____

Action Undertaken

Signature: _____ Date: ____ / ____ / ____