**NEAR MISS REPORT FORM**

This form is used to report all incidents where dangerous occurrences happened that could have injured a person

THIS FORM MUST BE SUBMITTED WITHIN 24 HOURS OF INCIDENT

**WHAT HAPPENED**

**WHAT / HOW** did it happen?

**WHAT** damage was caused and action taken after the incident?

**WHAT** Injury could have occurred?

**WHERE** did the incident happen? (Location-be specific)

**WHEN** did the incident happen? Date of Incident: Time of incident:

**WHAT** could be done to prevent it happening again?

**WITNESSES**

Report completed by:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnesses:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STAFF USE ONLY**

NOTES: