Incident and Near Miss Report (Template)

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| Report number: | |  |
| Who (and/or what) was involved? | | |
| Name |  | |
| Contact |  | |
| Additional Details |  | |

|  |  |
| --- | --- |
| Who is filling out this form? | |
| Name |  |
| Contact |  |
| Position |  |

|  |  |  |
| --- | --- | --- |
| About the incident/near miss | | |
| When did it happen? | Date: | Time: |
| Where did it happen? *(Event details/address/room – all info can be found on the original risk assessment)* | | |
|  | | |
| Describe the nature of the incident/near miss *(What and how, did it happen? Why might it have happened – this will also be investigated by the HSE Officer)* | | |
|  | | |
| Describe the consequences/possible consequences *(Was someone/could someone have been injured, was something/could something have been damaged?)* | | |
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| Investigation *(For completion by BGA HSE Officer and review by the Board of Directors)* | | |
| Who carried out the investigation? | | |
| Name |  | |
| Contact |  | |
| Position |  | |
| Investigation Start: | Investigation End: | Report Number: |
| What was the result of the investigation? | | |
|  | | |
| What actions are to be taken in order to prevent reoccurrence? | | |
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