Incident and Near Miss Report (Template)

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

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

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| 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)* |
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| 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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