



Near Miss/Acute Injury/Acute Illness Form

Name _____

Type Near Miss Acute Injury Acute Illness

Date of Incident _____

Location of Incident _____

Date of Submission _____

Description *What happened? What did you find? Use back of sheet if necessary.*

Actions taken or suggestions to prevent reoccurrence

Resolution (Internal use only)

Name _____

Date _____

Reviewed by: Supervisor HR OH&S

Description/Action Taken
