



Near Miss/Hazard/Property Damage Report

1. Person(s) Involved:

Name: _____

Contact No: _____ Department/committee: _____

Employee: Volunteer: Contractor: Other (Specify): _____

2. Details of Near Miss/Hazard/Property Damage:

Location: _____

Date: _____ Time: _____ am / pm

5. Description of what happened: _____

6. Describe the cause of the Near Miss/Hazard/Property Damage: _____

8. Chance of the Near Miss/Hazard/Property Damage recurring:

One off Daily Weekly Monthly 6 Monthly +

9. Corrective Action: (What will be done to *minimise the risk of this happening again*)

<u>Action</u>	<u>By Whom</u>	<u>Completed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person in control of the workplace: Name: _____

Signed: _____ Position: _____

Please forward completed form to the Environmental and Safety Services Department