



### Hazard / Near Miss Report

This report must be completed by staff when a hazard is identified that cannot be immediately eliminated, or when a near miss occurs. The report must be given to a supervisor, who will review for actions required to prevent the problem from reoccurring.

- Hazard**
- Near Miss**

Date:		Time:	
Location:		Employee Name:	

**Description of Hazard / Near Miss:**

**Immediate Action Taken to mitigate risk by employee reporting, Team Leaders, Supervisor etc.:**

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For Management Use Only

**Action taken by supervisor to investigate the cause:**

**Cause of problem identified (risk, hazard, training, communication gap etc.):**

**Action required to prevent the problem from reoccurring (mitigation plan, communication with work site etc.):**

All Hazard/Risk assessments updated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Updated On:
Administration Signature:	Date: