

Near Miss Report

Basic Information

Date: _____ Time: _____

Location (Field/Barn/Site): _____

Reported by (Name): _____

Job Title/Role: _____

Witness Name (if any): _____

What hazard(s) were present?

☐ Slippery surfaces

☐ Moving machinery

☐ Chemical exposure

☐ Animal behavior

☐ Weather conditions

☐ Other: _____

What could have happened if the near miss had not been avoided?

Incident Description

Describe what happened (include activities being carried out, machinery/equipment in use, weather conditions, etc.):

Pictures and videos were attached to this report ☐ Yes ☐ No

Sign-Off

Supervisor/Manager Name: _____

Signature: _____ Date: _____

Comments: _____
