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: _____

_____