12 1000 C
Near Miss Form

(12 1000 Accident Investigation Procedures)

Near Miss Form

Date:_____

Name:_____

Job Site:_____

Job Number:_____

Superintendent:_____

Incident:_____

_____

_____

_____

_____

_____

_____

Cause/Concern:_____

_____

_____

_____

_____

_____

Correction:_____

_____

_____

_____

_____

_____

Level of Concern: 1 being very low and 10 being the most severe.
1 2 3 4 5 6 7 8 9 10