

2 minute Near-Miss Report Form

Location:	Time:	Date:
Please tick appropriate box		
RED Stop work and report! <input type="checkbox"/>	YELLOW Use caution & report <input type="checkbox"/>	GREEN Continue & report <input type="checkbox"/>
Unsafe Act <input type="checkbox"/>	Unsafe Equipment <input type="checkbox"/>	
Unsafe Condition <input type="checkbox"/>	Unsafe Use of Equipment <input type="checkbox"/>	
Description of Near-Miss		
Reported By:		
Name:	Signature	

