

Near Miss & Hazard Report

Date & time: _____

Depot (if applicable): _____

Location/Area of NM or Hazard: _____

Reported by (optional): _____

Please tick all the relevant boxes below and complete the details on the other side of this card.

- | | |
|---|---|
| <input type="checkbox"/> Premises | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Plant/Equipment | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Work at Height | <input type="checkbox"/> Excavation Work |
| <input type="checkbox"/> 'At Risk' Behaviours | <input type="checkbox"/> Unsafe condition |
| <input type="checkbox"/> Other (specify): _____ | |

What can/should be done to stop this happening again?

Brief details:

Action taken by you or Line Manager:

Please forward the completed card to your Line Manager, who will review it and take any necessary action.

Line Managers: please forward to HSEQ Coordinator at Falkirk.

Line Managers Name: