

NEAR MISS REPORT FORM

Name		Date of near miss	
Job Role		Time of near miss	
Care Service		Location of near miss	

Describe step by step what happened:

Names of any witnesses:

What could be done to prevent the near miss occurring in the future?

FOR MANAGERS		
Action:	Yes/No	Date:
Near miss reviewed with staff member		
Near miss communicated to the team		
Further training /competency assessment undertaken		

Actions put in place as a result of the near miss:

Please return completed forms to _____ by _____ date.