

WWCV Near Miss Report Form

Use this form to record an event or sequence of events which in your opinion could have resulted in injury or ill-health to someone or damage to property, equipment or the environment or some other loss. **Only complete sections 1 and 2 and submit the form to whoever manages the site via your contact.** Section 3 is to be completed by the site's manager.

1 About you

Your name	
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2 About the incident

Date	/	/	Time	:	Where did it happen	
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What happened	
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Why do you think it happened	
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How likely do you think this incident or a similar one could happen again? Please circle one of the following:
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Certain	Very likely	Likely	Unlikely	Never
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Signature		Date	/	/
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3 Action taken or to be taken

Signature		Date	/	/
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