

Near Miss Report

Location:	Date & Time:
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<input type="checkbox"/> Unsafe Condition <input type="checkbox"/> Unsafe Act <input type="checkbox"/> Unsafe Equipment <input type="checkbox"/> Unsafe Use of Equipment <input type="checkbox"/> Other	Description of Near Miss <i>(use back of card if needed):</i>
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Reported by:		Date:
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Received by:		Date:
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Corrective Action Taken **Preventative Action Taken**