Form

# Near Miss Form

Date Modified: 02/09/26 Next Revision Date: 02/09/28

## Near Miss Incident Details

| | | | |
|---|---|---|---|
| **Project name:** | | | |
| **Project location:** | | | |
| **Date of incident:** | | **Time:** | |
| **Incident reported BY:** | | **Position:** | |
| **Incident reported TO:** | | **Position:** | |
| **Date incident reported:** | | **Time:** | |
| **Brief incident description:** (10-15 words) | | | |
| | | | |
| **How the incident happened:** (longer description) | | | |
| | | | |
| **Immediate actions to prevent escalation:** (e.g. secured area, initiated emergency response, isolated equipment) | | | |
| | | | |

Persons involved in incident.

| **Name:** | **Position:** | **Role in incident:** (e.g. driver, witness) |
|---|---|---|
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| | | |
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**Email to dockets@mckgroup.com.au once in service.**

Report sign off.

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|---|---|---|---|
| **Report compiled by:** | Name: | Signature: | Date: |