

Note: If an injury has occurred, please complete the Accident Reporting Form instead.

**1. Particulars of the Near Miss**

Date of incident: DD / MM / YEAR

Time:

Location:

Date Reported: DD / MM / YEAR

**2. The Affected Parties**

Name:

Address:

Date of Birth: DD / MM / YEAR

Contact Number:

**3. Name of Person Reporting Incident (if different from above)**

Name:

Contact Number:

Email:

Role in the incident:

**4. Details of any other Witness Involved (if applicable)**

Name:

Contact Number:

Email:

Role in the incident:

**5. Activity/Event During which the Near Miss Occurred e.g., 8am church service, Sunday Youth, cleaning**

Name:

**6. The Incident**

Explain clearly how the incident occurred including:

- The immediate cause – consider all factors including weather, equipment failure, poor housekeeping
- The root cause – consider issues such as lack of training and awareness, time constraints, communication and external influences

Continued.

**INCIDENT FOLLOW-UP** *To be completed by a representative of Nativity Church.*

<b>1. Is this type of incident:</b>	<input type="checkbox"/> New <input type="checkbox"/> Old	<b>3. Is this type of Incident</b>	<input type="checkbox"/> One-off <input type="checkbox"/> Ongoing
<b>2. Has this type of incident been increasing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>4. Have appropriate steps been taken to address this incident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**3. Action Taken and Planned**

Consider all factors including weather, system failures, design failure, equipment failure, poor housekeeping. Consider issues such as lack of training and awareness, time constraints, communication, and external influences.

Action	By Whom	Date

**4. Person Responsible for Following Up**

Name:	Signature:
Position:	Date: