

REPORT OF NEAR MISS FORM

PLEASE COMPLETE ALL FIELDS

Name of person reporting:

Location: Department:

Detailed description of near miss:

Preferred outcome:

Have you informed your immediate supervisor of the situation?

Yes No

UPON COMPLETION:

Forward to your immediate supervisor, CC: Health & Safety

Email: healthandsafety@selkirk.ca

Inter-office mail or deliver in person to: **Health & Safety Department**

SUPERVISOR OR HEALTH & SAFETY

Name:	Action taken:
Date received:	
Signature:	