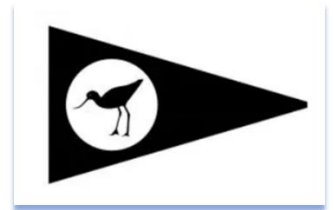




Weir Quay Community Watersports
Hub Club Ltd
Weir Quay
Devon



Weir Quay Sailing Club

Near Miss Reporting Form

NEAR MISS DETAILS

Date and time of the near miss : _____
Location of the near miss : _____
Describe the near miss : _____

Details of the witnesses, if any : _____

NEAR MISS CATEGORY

Select the appropriate category for the near miss:

- | | |
|---|--|
| <input type="checkbox"/> Slip, Trip, or Fall | <input type="checkbox"/> Hazardous Material Exposure |
| <input type="checkbox"/> Equipment or Machinery Malfunction | <input type="checkbox"/> Communication Failure |
| <input type="checkbox"/> Unsafe Work Conditions | <input type="checkbox"/> Procedural Error |
| <input type="checkbox"/> Other (specify) : | _____ |

PERSON(S) INVOLVED

Name(s) of the person(s) directly involved in the near miss : _____

Role(s) of the person(s) involved : _____

DESCRIPTION OF POTENTIAL CONSEQUENCES

Describe the potential consequences if the near miss had resulted in an incident : _____

ACTIONS TAKEN

Describe any immediate actions taken to prevent an incident after the near miss

:

CONTRIBUTING FACTORS

Were there any contributing factors to the near miss? If yes, select the relevant factors:

- | | |
|---|--|
| <input type="checkbox"/> Inadequate training | <input type="checkbox"/> Human error |
| <input type="checkbox"/> Equipment failure | <input type="checkbox"/> Lack of supervision |
| <input type="checkbox"/> Unsafe work conditions | <input type="checkbox"/> Lack of Communication |
| <input type="checkbox"/> Poor housekeeping | <input type="checkbox"/> Time pressure |
| <input type="checkbox"/> Other (Specify) | : |

PREVENTIVE MEASURES

What preventive measures can be implemented to avoid similar near misses in the future?

:

ADDITIONAL COMMENTS

Is there any additional information or comments you would like to include?

:

REPORT FILTER

Name : _____

Job Title / Role : _____

Contact Details : _____