



NEAR MISS REPORT

Form No.
F016-020-100

Project Name: **Kiribati Road Rehabilitation Project**

Project No: **2536**

Client: MPWU

Date: _____

Near Miss/Hazard: _____

Location: _____

Date: _____

Name of person who reported near miss: _____

Inspection/Investigation: (attach any additional reports etc) _____

Action Required: YES NO

Action Recommended: _____

By Date: _____ / / Priority: YES NO

Approved by: _____ / / _____

Additional Comments: _____

Details of person completing form:

Name: _____

Position: _____

Signature: _____

Date: _____