

NEAR MISS REPORT FORM

S.NO

Personal Details of the Injured Person

Name of the person :
Category :

Emp.No.:
Date of Joining:

Accident Details

Area of accident :
Shift (If overtime put as OT):

Date&Time of accident:

Accident/Incident Description

Signature of Employee

Signature of Foreman/Engineer/Area in charge

REPORT THE NEARMISS WHICH MAY AVOID ACCIDENT

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