

Near Miss Reporting Form (Inc. Dangerous Occurrences)

Non-injury Incident (Near Miss) is classified as an event that had the potential to cause injury or harm to an individual or the work environment. Please use this form to report COVID-19 that has been contracted in connection with the work activities. In this form will also identify whether an incident is a dangerous occurrence (under RIDDOR Regulations).

Incident Date

Incident Time

Person reporting this incident

Your full name:

Your job title:

Name of your team/ service area:

Your contact number:

Your e-mail address:

Date incident was reported to you:

Time incident was reported to you:

About the person affected by this incident

Full name of affected person:	<input type="text"/>
Is the affected person an employee?	<input type="radio"/> Yes <input type="radio"/> No
Status of the Non-Employee:	<input type="text"/>
You have selected non-employment status as 'other', please provide the status below:	<input type="text"/>
Contractor name (If available):	<input type="text"/>
Affected person's telephone number (if available):	<input type="text"/>
Affected person's e-mail (if available):	<input type="text"/>
Affected persons Job Role (if relevant and available):	<input type="text"/>
Do you know the address of the affected person?	<input type="radio"/> Yes <input type="radio"/> No
Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
Town/ City	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Age of the affected person:	<input type="text"/>
Gender of the affected person:	<input type="text"/>

About the Near Miss

Please select the location of the incident	<input type="text"/>
Other location:	<input type="text"/>
Describe where on the premises or outside space this happened?	<div></div>

What work activity was undertaken at the time of the incident?

Incident Type:

Incident Type:

Main contributory factor involved in the incident

Please enter the other cause:

Describe this near miss in as much detail as possible:

What could have resulted from this near miss incident:

Was this incident relating to a School Crossing Patrol? ☐ Yes ☐ No

Was the SCP in the road at the time of the incident? ☐ Yes ☐ No

Did the SCP need to take evasive action? ☐ Yes ☐ No

Were pedestrians in the road at the time of the incident? ☐ Yes ☐ No

Did the vehicle drive/ ride past the patrol? ☐ Yes ☐ No

Description of driver:

Description of Vehicle:

Registration number

Was there any property, equipment or vehicle damaged as a result of this incident?

☐ Yes ☐ No

What damage was caused?

Please describe how the damage was caused:

Do any of these statements apply to this incident:

Please confirm that the incident which occurred reflects the above statement and guidance

☐ Yes ☐ No

Please select the city, borough or district did this occurred in:

Main activity carried out at the incident location:

Work being undertaken at the time of the incident

Witness to incident

Was there a witness to the incident? ☐ Yes ☐ No

Name of witness:

Job title of witness (if applicable)

Telephone number of witness (where available)

Address of witness (where available):

E-mail address of witness (where available):

What the person witnessed:

Has a written statement been provided: ☐ Yes ☐ No

Please attach statement:

Was there additional witnesses to this incident? ☐ Yes ☐ No

Save and Submit Declaration