

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:

Is the affected person an employee?

Yes No

Status of the Non-Employee:

You have selected non-employment status as 'other', please provide the status below:

Contractor name (if available):

Affected person's telephone number (if available):

Affected person's e-mail (if available):

Affected persons Job Role (if relevant and available):

Do you know the address of the affected person?

Yes No

Address Line 1

Address Line 2

Address Line 3

Town/ City

County

Postcode

Age of the affected person:

Gender of the affected person:

About the Near Miss

Please select the location of the incident

Other location:

Describe where on the premises or outside space this happened?

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