



## NEAR HIT REPORT

Job Name: \_\_\_\_\_

Job #: \_\_\_\_\_

Date of Near Hit: \_\_\_\_\_

Report#: \_\_\_\_\_

Time (Approximate): \_\_\_\_\_ Shift (circle one): Day / Night

Location: \_\_\_\_\_  
\_\_\_\_\_

List Possible Damage/ injury: \_\_\_\_\_  
\_\_\_\_\_

Source/Object inflicting possible damage/Injury: \_\_\_\_\_  
\_\_\_\_\_

Description of possible incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrective Measures Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lessons Learned: \_\_\_\_\_  
\_\_\_\_\_

Report Written By (signature): \_\_\_\_\_ Date: \_\_\_\_\_

(print): \_\_\_\_\_ No. of pages: \_\_\_\_\_

**Attach additional sheet if needed**