

Name  
ACC Claim #:



## Near Miss Form

<b>Client Name:</b>		<b>Staff Member Name:</b>	
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<b>Location:</b>		<b>Date of Near Miss:</b>	
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<b>DESCRIPTION</b>	What happened?
	What could have happened?

<b>CAUSE</b>	Why did it happen?

<b>PREVENTION</b>	How could we prevent it?

Once you have completed this form please forward it to your Area Supervisor or to the Regional Manager.

A handwritten signature in blue ink, appearing to be 'Abb'.