

Name
ACC Claim #:



Near Miss Form

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

CAUSE	Why did it happen?

PREVENTION	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'.