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| **Near miss details**  |
| **Date of reporting:** | Click to select a date. |
| **Reported by (name):** | Click to enter text. |
| **Date of incident:** | Click to select a date. |

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| **Description of incident** |
| **Where did the near miss incident occurred?** | Click to enter text. |
| **Description of the near miss incident - what happened?** | Click to enter text. |
| **Which factors had an influence to the near miss incident?:**For example technical failures in equipment? Errors in maintenance/service? Insufficient or lack of instruction? Lack of education? Miscommunication? | Click to enter text. |
| **What kind of injury or damage could have occurred?** | Click to enter text. |
|  |
| **Prevention of similar incidents**  |
| **What type of preventive actions must be taken to avoid similar accidents?** |  Click to enter text. |
| **Who is responsible for these actions?** | Click to enter text. |
| **Deadline for completion of the preventive actions? When do we follow up on whether they work?** | Click to enter text. |
|  |

Date: Date:

Occupational health and safety representative Manager

**Please send the report and any appendices to** **ulykke@adm.aau.dk**