

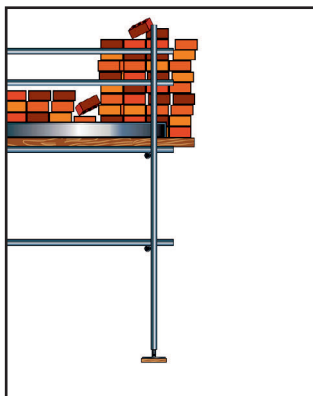
GA16 Near miss or learning event report (Part 1)

To be completed and handed to site management

Company name		Project title	
Location		Contract no.	
Name			
Date		Time	
Classification (tick)			
Health	<input type="checkbox"/>	Safety	<input type="checkbox"/>
	<input type="checkbox"/>		Environment
	<input type="checkbox"/>		<input type="checkbox"/>
Details of the learning event (include all relevant information)			

Please report anything that is unsafe or a near miss

Unsafe conditions



Something with the potential to cause harm

Near misses



An incident that nearly resulted in an injury or damage

Accidents



An accident that resulted in an injury or damage

It really does help to prevent accidents

Name		Position		Signature		Date	
------	--	----------	--	-----------	--	------	--