

GENERAL INFORMATION

Contractor:

EDPR Area/facility:

Hiring department:

Project or work:

NEAR MISS DATA

Date: / /

Time: :

Hour in workday:

Place:

Witnesses: Name:

Phone number:

Was the activity usual? Yes No

Activity performed:

Near Miss description:

Element that caused the near miss:

Cause of the near miss:

IMMEDIATE CORRECTIVE ACTIONS TO AVOID RECURRENCE

NOTIFIED BY	POSITION	DATE	SIGNATURE