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| Department of Agriculture, Environment and Rural Affairs | **Near Miss Report**HS/IR-02 |
| Vers 1 (22/10/18) |

For recording details of incidents **where no injury has occurred.** In cases involving injury, the Accident Book should be completed by the injured party, and DAERA Form HS/RI-01 completed by management.

**Sections 1 – 5** **to be completed by the person involved/witnessing the incident and forward to the manager responsible as soon as is possible**

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| **1** | **Details of the person involved/witnessing the incident** |  | **2** | **Details of other witnesses** |
| Name |  |  | Name | Tel |
| Group/Div |  |  |  |  |
| Office Address |  |  |  |  |
|  |  |  |
| Tel |  |  |  |  |

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| **3 About the incident - When and where did it happen?** |
| Date |  | Time |  | am / pm |
| Where did the incident take place?(precise details) |  |

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| **4 About the incident** **- What happened?** |
| State how the incident happened. Give the cause(s) if known |

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| **5 Sign, date** (person completing the form) **and forward to manager responsible as soon as possible.**  (If this form is being sent electronically a printed name will suffice) |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| When parts 1 -5 are complete this form should be passed to the manager responsible for the work area / activity (Premises Officer for communal areas).Name of manager responsible \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date forwarded \_\_\_\_\_\_\_\_\_\_\_\_ |

**Section 6 – 9 to be completed by the manager responsible for the work area/activity.**

The manager responsible for the area/activity where this incident occurred should carry out an investigation, proportionate to the seriousness of the incident and implement suitable control measures.

**NOTE** - **Certain, particularly serious, “Dangerous Occurrences”** as defined under RIDDOR (Reporting of Incidents, Diseases and Dangerous Occurrences Regulations) **must be reported immediately to the H&S Executive**. If you are in any doubt, contact your H&S Advisor.

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| **6**  | **Are you aware of any injury as a result of this incident?** | YES / NO |
| **If “YES”**, this form is not appropriate. The injured party should be encouraged to complete the Accident Book. DAERA Form HSIR-01 must be completed by the manager responsible for the work area |
|  |  |
| **7**  | **Could this incident** **have resulted in someone being injured or becoming ill?** | YES / NO |
| If “YES” identify what injury could (reasonably) have occurred, and an indication of how likely it is to occur again |

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| --- | --- |
| **8**  | Following your investigation, provide details of **management findings and agreed action**(attach a separate sheet if required) |
| **Management findings** |
| **Agreed action** |
| Where appropriate related Risk Assessments should be reviewed. |

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| **9 Sign and date** (If this form is being sent electronically a printed name will suffice) |
| Manager responsible for the area/activitySignature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ |

The manager should provide feedback to those who reported this incident

**When complete this form should be forwarded to your Health & Safety Advisor and copied to your manager** (at least Deputy Principal/analogous or above)