Incident Report Form - Near Miss

| Incident Summary: | |
|---|-----------------------------|
| Date of Incident: | Time of Incident: |
| Exact location of incident: | |
| | |
| Near Miss | |
| Description of Incident: | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Name of Witnesses / People Involved: | Contact Number (Mobile) |
| 1. 2. | 1. 2. |
| 3. | 3. |
| Actions: | |
| Immediate response actions (eg barricades, isolation of power / equipment): | |
| | |
| | |
| | |
| Form Completed By: | |
| Name: | GC Member / Storage Officer |
| | Club Manager Race Officer |
| Signature: | Head Instructor |
| | Other |
| Date: | contact number (mobile): |
| | |
| Submit form to Club Manager, or to a General | Date / time received: |