TENNIS SOUTH CANTERBURY

NEAR MISS REPORT FORM

Health and Safety at Work Act 2015 Compliant

SECTION A: INCIDENT DETAILS

Report Reference Number: _____ *(Office use only)*

Date of Report: _____ **Time:** _____

Date of Near Miss: _____ **Time:** _____

Location of Incident:

- **Site/Building:** _____
- **Specific Area/Room:** _____
- **GPS Coordinates (if applicable):** _____

SECTION B: PERSON(S) INVOLVED

Primary Person Involved

Full Name: _____

Job Title/Role: _____

Department/Work Unit: _____

Employment Status: ☐ Employee ☐ Contractor ☐ Visitor ☐ Volunteer ☐ Other: _____

Contact Phone: _____ **Email:** _____

Witnesses (if applicable)

Witness 1 Name: _____

Contact Details: _____

Witness 2 Name: _____

Contact Details: _____

SECTION C: PERSON COMPLETING REPORT

Full Name: _____

Job Title/Position: _____

Department: _____

Contact Phone: _____ **Email:** _____

Relationship to Incident: ☐ Person Involved ☐ Witness ☐ Supervisor ☐ Other: _____

SECTION D: NEAR MISS DESCRIPTION

Describe what happened: *(Include sequence of events, conditions present, and what could have occurred)*

What was the potential outcome if the incident had escalated?

Equipment, machinery, or activity involved:

Weather conditions (if relevant): _____

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SECTION E: RISK ASSESSMENT

Potential Severity

What could have been the worst realistic outcome?

☐ **Critical** - Fatality or permanent total disability, major environmental damage, significant property damage (>$100,000)

☐ **High** - Serious injury requiring hospitalisation, permanent partial disability, moderate environmental impact, major property damage ($10,000-$100,000)

☐ **Medium** - Medical treatment required, temporary disability, minor environmental impact, moderate property damage ($1,000-$10,000)

☐ **Low** - First aid treatment only, minimal property damage (<$1,000), no environmental impact

Likelihood of Recurrence

How likely is this type of incident to occur again?

☐ **Almost Certain** - Expected to occur in most circumstances (>90% chance)

☐ **Likely** - Will probably occur in most circumstances (60-90% chance)

☐ **Possible** - Might occur at some time (30-60% chance)

☐ **Unlikely** - Could occur at some time (10-30% chance)

☐ **Rare** - May occur only in exceptional circumstances (<10% chance)

SECTION F: CONTRIBUTING FACTORS

Select all factors that contributed to this near miss:

Human Factors

☐ Lack of training/competency ☐ Fatigue ☐ Distraction/inattention ☐ Rushing/time pressure ☐ Complacency ☐ Poor communication ☐ Other: _____

Workplace Factors

☐ Inadequate procedures ☐ Poor housekeeping ☐ Inadequate lighting ☐ Poor signage/warnings ☐ Congested workspace ☐ Other: _____

Equipment/System Factors

☐ Equipment failure/malfunction ☐ Inadequate maintenance ☐ Poor design ☐ Missing safety devices ☐ Inappropriate tools ☐ Other: _____

Environmental Factors

☐ Weather conditions ☐ Noise levels ☐ Temperature extremes ☐ Poor visibility ☐ Hazardous substances ☐ Other: _____

SECTION G: IMMEDIATE ACTIONS TAKEN

What actions were taken immediately following the near miss?

Was the area made safe? ☐ Yes ☐ No ☐ N/A

Were any work activities stopped? ☐ Yes ☐ No

If yes, specify: _____

SECTION H: CORRECTIVE ACTIONS

Recommended Actions

What actions should be taken to prevent recurrence?

Priority 1 (Immediate - within 24 hours):

Priority 2 (Short term - within 1 week):

Priority 3 (Medium term - within 1 month):

Priority 4 (Long term - within 3 months):

Action Plan

Action Required	Person Responsible	Target Completion Date	Status

SECTION I: ADDITIONAL INFORMATION

Photos/Diagrams: ☐ Attached ☐ Not Required

Additional Comments or Recommendations:

Could this near miss indicate a systemic issue? ☐ Yes ☐ No

If yes, explain: _____

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SECTION J: MANAGEMENT REVIEW

Supervisor Review

Supervisor Name: _____

Date Reviewed: _____ **Signature:** _____

Comments:

Health & Safety Representative Review (if applicable)

HSR Name: _____

Date Reviewed: _____ **Signature:** _____

Comments:

Management Sign-off

Manager Name: _____

Date Reviewed: _____ **Signature:** _____

Approved Actions:

SECTION K: FOLLOW-UP

Follow-up Review Date: _____

Actions Completed: ☐ Yes ☐ Partially ☐ No

Effectiveness of Actions: ☐ Effective ☐ Partially Effective ☐ Not Effective

Additional Actions Required:

Report Closed By: _____ **Date:** _____

IMPORTANT NOTES:

- This report is confidential and protected under the Health and Safety at Work Act 2015
- No disciplinary action will be taken for genuine near miss reporting
- Reports must be submitted within 24 hours of the incident where practicable
- Serious near misses may require notification to WorkSafe New Zealand
- Keep a copy for your records

For assistance completing this form, contact: _____

Form Version: 2.0 **Date:** June 2025