

Near Miss / Lost Time Bulletin

This information is being forwarded advising you that a near miss incident / lost time accident occurred on one of our projects. Please review and ensure that the necessary steps are taken to avoid a similar type of occurrence at your location.

Date	_____	Age	_____
Function	_____	Years of experience	_____
No. of days lost	_____	Employment date	_____
Caused by (Check one)	<input type="checkbox"/> Unsafe act <input type="checkbox"/> Unsafe conditions		

Description of near miss/accident:

Corrective action taken/to be taken: