



INSTITUTE FOR PLASMA RESEARCH
Near Indira Bridge, Bhat, Gandhinagar – 382 428

NEAR MISS REPORTING FORM

(This form to be filled and submitted to the Safety Division within 72 hours from the Near Miss incident time)

Name of Person who witnessed/ observed the Near miss Incident:	Group/Division/Section: Ext. no./Contact no. :
Location of Near Miss:	
Date & Time of Near Miss:	
Near Miss Incident Description: (including the sequence of events/captured photograph/image of scene of incident, if available)	
Possible Damage/s that might have happened under different circumstances:	
Corrective Actions Proposed to prevent reoccurrence of this near miss incident:	

Submitted By:

Signature:

Name:

Date: