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| NEAR MISS REPORT FORM |  | FORM KSC 12 |
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| Name: | Company: | Position: |
| Contact Address or Telephone No. | | |

IF YOU WISH TO REMAIN ANONYMOUS, YOU NEED NOT COMPLETE THE ABOVE BOXES

Please complete **all** of the following questions.

| | | |
|-------|-------|-------------------|
| Date: | Time: | Weather: |
| Site: | | Location on Site: |

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|---|
| Description of Near Miss / Hazard (use reverse of this form for any sketches needed): |
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| Events leading up to Near Miss / Details of any plant or equipment involved: |
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| Your recommendations to prevent similar re-occurrence or to eliminate the hazard involved: |
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| Actions taken / recommendations made to prevent re-occurrence or to eliminate hazards (To be completed by Al Khodari Construction Supervision) : |
|---|

The completed form should be forwarded to Al Khodari Construction Limited management. If you wish to receive a response to this report please give a contact address or telephone number. Wherever possible a response will follow by the next working day.

THANK YOU FOR ADVISING US OF THIS NEAR MISS.

cc. Site Health & Safety Plan (Confidential)
 Safety Manager (within 4 Week Safety Meeting)
 Submittee (where requested)