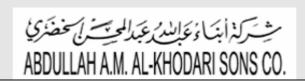
NEAR MISS REPORT FORM



FORM KSC 12

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:	
Description of Near Miss / Hazard (use reverse of this form for any sketches needed):				
Events leading up to Near Miss / Details of any plant or equipment involved:				
Your recommendations to prevent similar re-occurrence or to eliminate the hazard involved:				
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)

Rev 0 30/11/00