S2 – Near Hit Report H&SANMR03

1. General Information

Site .....

Area of site .....

Date .....

Time .....

Submitted by .....

Investigator .....

2. What happened?

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3. What is the underlying cause?

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4. What further actions are required to avoid recurrence?

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5. Confirmation

Date actions have been completed .....

Responsible manager signature .....

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