



Near Miss Report Form

Company: RAM SVEIS OG BEMANNING AS

Date of Report: _____

Time of Near Miss: _____

Location of Near Miss: _____

Reporter Information (Optional)

- **Name:** _____ (Optional for anonymous reporting)
 - **Department/Team:** _____
 - **Contact Information:** _____ (Optional)
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Near Miss Details

- **Description of Near Miss Incident:**
(Please provide a detailed description of what occurred, including any actions taken immediately following the near miss.)

- **Potential Outcomes:**
(Describe what could have happened if the circumstances were slightly different.)



Contributing Factors

- **Please identify any factors that contributed to the near miss:**
(e.g., environmental conditions, equipment failure, procedural noncompliance, etc.)

Immediate Actions Taken

- **Please describe any immediate corrective actions taken to address the near miss:**

Suggestions for Preventative Measures

- **Please provide any suggestions for preventing similar incidents in the future:**

Documentation and Evidence

- **Attach any relevant photos, videos, or documents that could help in investigating the near miss.**
(Mark N/A if not applicable)



Declaration

I hereby declare that the information provided is true and accurate to the best of my knowledge and belief. I understand that this report will be used to improve health and safety conditions and prevent future incidents.

- **Signature of Reporter:** _____ (Optional)
 - **Date:** _____
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For HSE Department Use Only

- **Received By:** _____
 - **Date Received:** _____
 - **Investigation Outcome/Notes:**
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- **Corrective Action Taken:**
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- **Follow-Up Required:** Yes No
 - **Date for Review of Actions:** _____
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Note: Please return this form to your supervisor or directly to the HSE department. For digital submissions, email to norway@rammultiinvest.com or submit through the HSE management system portal.

Approved by CEO *Olteanu Radu*

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Revised by:Olteanu Radu