**Reporting of Near Misses**

The reporting of near misses is entirely voluntary and at the discretion of the Provider. Given that there may the possibility of gaining valuable experience from the event and sharing this as ‘lessons learned’ to avoid future events, it is hoped that Providers are willing and able to share this information. In such cases this information will be dealt with confidentially. This form should be completed by the Provider to record near misses on a Mountain Training approved course i.e. not on a Mountain Leader refresher etc.

Once complete please email to your Home Nation Executive Officer.

|  |  |
| --- | --- |
| **SECTION 1 - Essential details** | Completed by Provider |
| **Mountain Training Course** |  |
| **Was it training or assessment?** |  |
| **Date & Time of Incident** |  |
| **Location / Grid ref. of Incident** |  |
| **Weather conditions at site of Near Miss** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 2 – Near Miss Description**  What happened – full details of near miss; include a diagram if appropriate. | | Completed by Provider | |
|  | | | |
| **SECTION 3 – What can we learn from the near miss?**  Are there any recommendations you could suggest to prevent a recurrence? | | Completed by Provider | |
|  | | | |
| Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 4 – To be completed by Mountain Training Technical Officer** | | Completed by Mountain Training Technical Officer | |
| Date / Time |Near Miss reported to you | |  | |
| Date this report received by you | |  | |
| Information on the report confirmed | |  | |
| Include any additional information or details | |  | |
| MT Officer Signature |  | Date |  |