

REPORT OF:

- NEAR MISS
- HAZARD
- UNSAFE ACT
- UNSAFE CONDITION

(check applicable box)



| | | |
|--|-----------|--|
| Incident Date: | Location: | Potential Incident Type <input type="checkbox"/> Injury <input type="checkbox"/> Environmental <input type="checkbox"/> Equipment/Property |
| Description (what, where, when, who, how): | | |
| Action Taken: | | |
| Suggestion to Prevent Similar Incident: | | |
| POTENTIAL SEVERITY: <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH | | |
| INVESTIGATION REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Reported By: | | |
| Supervisor | | |
| Completion Date: | | |

Return Completed Form to OHS Office