

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