

Near Miss / Hazard Report- Help us learn and prevent serious accidents.

This report is to be completed by the worker when a near miss occurs, or when a hazard is identified that cannot be immediately eliminated. Please give this report to your supervisor and the Safety Coordinator. Please append additional sheets as necessary.

<input type="checkbox"/> Near Miss <input type="checkbox"/> Hazard	
Name:	Email:
Date of incident:	Time of incident:
Location:	
Description of the Near Miss or Hazard:	
Immediate action taken:	
The remainder of the report to be completed by the PI/Supervisor.	
Action taken to investigate the cause of the problem:	
Cause of the problem:	
Action required to prevent the problem from occurring again:	
All actions completed and issue closed:	
Signed by PI/Supervisor	Date:
Safety Committee Recommendations:	