## 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.

<table>
<thead>
<tr>
<th>□ Near Miss</th>
<th>□ Hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Email:</td>
</tr>
<tr>
<td>Date of incident:</td>
<td>Time of incident:</td>
</tr>
<tr>
<td>Location:</td>
<td></td>
</tr>
</tbody>
</table>

Description of the Near Miss or Hazard:

Immediate action taken:

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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: