

NEAR-MISS REPORT FORM

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INSTRUCTIONS

Use this form to report hazards or conditions that have the potential to cause an accident, injury, or illness in the workplace. Once complete, please submit this form to:

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INCIDENT DETAILS

DEPARTMENT

DATE OF INCIDENT

TIME

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LOCATION

ROOM / SPECIFIC AREA

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CONDITIONS *mark all appropriate*

<input type="checkbox"/>	NEAR-MISS	<input type="checkbox"/>	SAFETY CONCERN	<input type="checkbox"/>	SAFETY SUGGESTION	<input type="checkbox"/>	OTHER describe, below
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"OTHER" CONDITION DESCRIPTION

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TYPE OF CONCERN *mark all appropriate*

<input type="checkbox"/>	UNSAFE ACT	<input type="checkbox"/>	UNSAFE CONDITINON OF AREA	<input type="checkbox"/>	UNSAFE CONDITION OF EQUIPMENT
<input type="checkbox"/>	UNSAFE USE OF EQUIPMENT	<input type="checkbox"/>	OTHER describe, below		

"OTHER" CONDERN DESCRIPTION

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INCIDENT DESCRIPTION

In as much detail as possible, describe the potential incident / hazard / concern and the possible outcome.

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SAFETY SUGGESTIONS

Describe corrective measures taken to address immediate hazards related to the incident.

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NAME *optional*

EMPLOYEE ID *optional*

DATE REPORTED

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PHONE *optional*

EMAIL *optional*

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