

UNSAFE ACT/ CONDITION and NEAR MISSES REPORT

Reported By:

Name: _____ **FIN Num:** _____ **Time & Date:** _____ **Dept/MBU:** _____

☐

Unsafe Act

☐

Unsafe Condition

☐

Near Miss

Multiple issues (how many)

☐

Name of the person involved:

Sketch:

Location (where):

Description (what):

Recommendation/suggestion (how):

Did you close it yourself?