

UNSAFE ACT/ CONDITION and NEAR MISSES REPORT

Reported By:

Name: sdfsd

FIN Num: _____

Time & Date: 13/03/2015

Dept/MBU: _____

☐

Unsafe Act

☐

Unsafe Condition

☐

Near Miss

Multiple issues (how many)

☐

Name of the person involved:

Sketch:

Location (where):

Pedestal Line

Description (what):

sdfsd

Recommendation/suggestion (how):

n/A

Did you close it yourself?