

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)

☐

Location (where):

Date of incident:

Injury type:

Sketch:

Name of the person involved:

Description (what):

Recommendation/suggestion (how):

Risk Resolved?