UNSAFE INCIDENT REPORT FORM

Name of Employee (optional): ____________________________________
Date of Incident: ____________________________________
Job Title: ____________________________________
Time of Incident: ____________________________________
Zone #: ____________________________________
Location of Incident: ____________________________________
Supervisor's Name: ____________________________________

Description of UNSAFE INCIDENT

Employees Account of Incident:
________________________________________________________________
________________________________________________________________
________________________________________________________________

Equipment, Tools, Personal Protective Equipment, Procedures Used at time of NEAR MISS:
________________________________________________________________
________________________________________________________________
________________________________________________________________

Describe All Contributing Factors:
________________________________________________________________
________________________________________________________________
________________________________________________________________

Recommended Corrective Measures to be Implemented:
________________________________________________________________
________________________________________________________________
________________________________________________________________

Did you receive adequate training to perform this task?
________________________________________________________________
________________________________________________________________
________________________________________________________________

If so, when were you trained?
________________________________________________________________
MAIL FORM TO: SAFETY ACTION TEAM MAIL BOX IN BUILDING 4117 ON THE LIVINGSTON CAMPUS