

SAFETY INCIDENT REPORT FORM

To be used in reporting unsafe conditions, near misses and incidents not involving injury as a part of our accident prevention program. Incidents involving injury must be reported on the Supervisor's Accident Investigation Report.

Date	Time	a.m. p.m.	Location
Person Reporting	Title		

DESCRIBE INCIDENT/CONDITION

BASIC CAUSE/CONTRIBUTING FACTORS

SUGGESTED PREVENTIVE/CORRECTIVE ACTION BY PERSON REPORTING

ADDITIONAL SUGGESTED ACTION

SIGNATURES

Person Reporting _____ Date _____

Supervisor _____ Date _____

Safety Manager _____ Date _____

ACTION COMPLETED

Supervisor _____ Date _____

Safety Manager _____ Date _____

Supervisor: Keep original and give copy to Safety or HR Department. Return original to Safety or HR Department when corrective action has been completed.