

INCIDENT/HAZARD REPORT

SECTION A

<input type="checkbox"/> Hazard	Date & Time of Incident:	Date Reported:
<input type="checkbox"/> Near Miss	Location:	Reported To:
<input type="checkbox"/> Incident (Injury/Property Damage)	Department:	Reported By:

SECTION B DESCRIPTION OF HAZARD / NEAR MISS / INCIDENT

SECTION C CAUSES

SECTION D SUGGESTED CORRECTIONS

Investigated By:	Title:	Date:
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SECTION E CORRECTIVE ACTION TAKEN

Department Safety Representative Signature	Date
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Department Head Signature	Date
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