

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: _____

SECTION E CORRECTIVE ACTION TAKEN

Department Safety Representative Signature _____ Date _____

Department Head Signature _____ Date _____