Safety Report Form

☐ Incident ☐ Accident ☐ Near Miss

Observer Information

Name:	Department/Shift:

Event Information

Date:	Time:
Location:	Machine:

Type of Risk (select all that apply)

☐ Incorrect Tool/Equipment Usage	☐ Personal Protective Equipment Issue
☐ At-Risk Behavior	☐ At-Risk Body Position
☐ Fall	☐ Struck
☐ Contamination of Land/Flora/Fauna	☐ Noise/Litter/Light/Odor/Other Nusiance
☐ Electrical	☐ Cuts/Burns
☐ Spillage/Leakage (non-hazardous)	☐ Spillage/Leakage (hazardous)
☐ Emission of Pollutants	☐ Pollution of Water
☐ Fire	☐ Explosion
☐ Other:	

Event Description

Observer Sign-off

Signature:	Date:

Follow-up Plan (to be completed by a manager)

Actions to be taken:

Name:	Position:
Signature:	Date:

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