**Hazard / Near Miss Report**

This report must be completed by staff when a hazard is identified that cannot be immediately eliminated, or when a near miss occurs. The report must be given to a supervisor, who will review for actions required to prevent the problem from reoccurring.

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| --- | --- | --- | --- | --- |
| **Hazard**  |  | **Near Miss** |  |  |
|  |
| Date: |  | Time: |  |
| Location: |  | Name: |  |
| Description of Hazard / Near Miss: |
|  |
| Immediate Action Taken: |
|  |
|  |
| For Office Use Only |
| Action taken to investigate the cause: |
|  |
| Cause of problem: |
|  |
| Action required to prevent the problem from reoccurring: |
|  |
| All actions completed and issue closed: |  |
| Administration:   | Date: |