**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: |