

Near Miss / Hazard Report- Help us learn and prevent serious accidents.

This report is to be completed by the worker when a near miss occurs, or when a hazard is identified that cannot be immediately eliminated. Please give this report to your supervisor and the Safety Coordinator, Shannon Ceballos sjceballos@ucdavis.edu or 3029 Ghausi Hall.

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| <input type="checkbox"/> Near Miss <input type="checkbox"/> Hazard | |
| Name: | Email: |
| Date of incident: | Time of incident: |
| Location: | |
| Description of the Near Miss or Hazard: | |
| Immediate action taken: | |
| The remainder of the report to be completed by the PI/Supervisor. | |
| Action taken to investigate the cause of the problem: | |
| Cause of the problem: | |
| Action required to prevent the problem from occurring again: | |
| All actions completed and issue closed: | |
| Signed by PI/Supervisor | Date: |
| Safety Committee Recommendations: | |

