



Hazard/Near-Miss Report

Please write clearly in **BLOCK LETTERS**

Reporting Person to complete and forward to your immediate Supervisor

Your Name:	Dept/Division:
Supervisor:	Phone:

Brief description of the Hazard/Near-Miss situation (If insufficient space, please attach a memo and/or diagram)

Subsequent action taken / to be taken / recommended by Reporting Person

Signature:	Date:

Supervisor to complete and forward to the Director of Safety

Your name:	Title:
Subsequent action taken/ to be taken/ recommended by Immediate Supervisor	
Signature	Date:

Director of Safety to complete and forward the copies as detailed below

The following action has been taken	The following action is not possible because
Director of Safety's Statement	
Signature:	Date:

1 Copy to reporting person	1Copy to immediate supervisor	1 copy to Campus Safety & Workers Comp Committee
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