

DATE & TIME OF INCIDENT: _____

LOCATION: _____

INCIDENT
DESCRIPTION: _____

DID UNSAFE CONDITION CAUSE THE INCIDENT? NO: _____ YES: _____

IF YES,
EXPLAIN: _____

WHAT ACTION HAS BEEN OR SHOULD BE TAKEN TO ELIMINATE THE CAUSE OF THIS INCIDENT?

COMMENTS: _____

DATE: _____

SUPERVISOR: _____