

SAFETY CONCERN REPORT

(used for reporting near misses or hazards)

Date of Incident	Supervisor
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Location of Incident: _____

Incident/Hazard: _____

Cause of Incident/Hazard: _____

Corrective Action Taken by Employee/Supervisor: _____

Submitted By <i>(optional)</i>	Date
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To be completed by Risk Management Coordinator

Additional Recommendations/Follow-Up: _____

Risk Management Coordinator's Signature	Date
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