

# Safety Committee Near Miss / Safety Suggestion Form

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date of incident:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Please use this form to identify a near miss, which would be a situation or action that may have a potential to cause injury or property damage.

This form may also be used for a safety suggestion or an idea to improve a condition or situation and make it safer. Thank you for your input.

**Near Miss or Suggestion**

(Circle one)

**Details:**

**Were any safety policies violated?**

**What safety improvements can be made?**

Use the back of this form if additional space is needed..

Committee review by: \_\_\_\_\_ Date: \_\_\_\_\_

Actions on reverse or attached.