



SAFETY REPORT

- Near Hit or Close Call
- Hazard or Unsafe Condition
- Unsafe Act
- Safety Suggestion

Date _____ Time _____ Department _____

Site _____ Exact Location _____

Potential for Injury or Loss

- High
- Medium
- Low

Details of Incident, Condition, or Suggestion

What can be done to remediate the situation, if applicable?

Submitted By (*Optional*): _____

Phone Number (*Optional*) _____

SUPERVISOR SECTION

Findings and Comments

Recommended Preventive or Corrective Action

Procedural

- Improve Inspection Procedures
- Change in Work Procedures
- Change in Safety Procedures

Training

- Work Procedures/Awareness
- Safety Procedures/Awareness
- Other

Equipment / Materials

- Repair, replace or change safety equipment
- Repair, replace or change equipment and/or equipment specifications
- Repair, replace or change materials or supplies
- Repair, replace or change security equipment
- Use personal protective items
- Install engineering controls

REQUEST ASSISTANCE FROM SIPE

Reviewed by Supervisor _____ Date _____

Reviewed by Safety Coordinator _____ Date _____