This is a report of a/an:

- Unsafe condition or situation
- Near miss
- First aid injury
- Injury needing medical attention
- Damage to equipment or material

Briefly describe the event or condition:

Why do you think this event or condition happened?

Have you seen this event or condition before at this company?

What could have been done to prevent it from happening? What changes should we make?

Your name: ____________________________________________ Date: _______

Reviewed by: _________________________________________

Date discussed at Safety Meeting: ____________________

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