**Safety Action Form**

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| --- | --- | --- |
| **NAME:**  | **DATE OF INCIDENT:**  | **TIME:**  |
|       |       |       |
| **DEPARTMENT:** | **LOCATION OF INCIDENT:**  |
|       |       |

|  |  |
| --- | --- |
| **TYPE OF CONCERN:** |  |
| [ ]  | Electrical | [ ]  | Slip/Trip/Fall |
| [ ]  | Housekeeping | [ ]  | Confined Space |
| [ ]  | Equipment | [ ]  | Chemical |
| [ ]  | Vehicle | [ ]  | Other: |       |

|  |
| --- |
| **DESCRIBE THE POTENTIAL INCIDENT/HAZARD:** |
|  |
| **WHAT COULD HAVE BEEN THE POSSIBLE OUTCOME?** |
|  |
| **RECOMMENDATIONS:** |
|  |

**~ SUPERVISOR ONLY ~**

|  |  |  |
| --- | --- | --- |
| **Has this Safety Action Form been reviewed?** | [ ]  Yes | [ ]  No |
| **SUPERVISOR NAME:**  | **DATE RECEIVED:** |
|  |  |