**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:** | | |
|  |  | | |