



Hazard, Incident or Near Miss Report Form

Date: _____ Hazard Report Number: _____	
Reported By:	
Name: _____	Position: _____
Reported To:	
Site Rep: _____	Position: _____
Site location: _____	
TCS Rep: _____	Position: _____
Incident Title: _____	
<input type="checkbox"/> Incident <input type="checkbox"/> Near Miss <input type="checkbox"/> Workplace Hazard <input type="checkbox"/> Hazardous Work Practice	
Description of Hazard:	
What needs to be done?	
Signature: _____ Date: _____	
Copy given to:	
Site Rep: _____	(Signature)
TCS Manager: _____	(Signature)
Registered in Accident- Incident Log	# _____
Registered in Adept	# _____