



Report of Safety/Health Hazard & Near Miss



Nature of Hazard/Near Miss:

Building Name _____

Floor _____ Area _____

Room/Workstation Number _____

Print Name

Date

Reporter's Signature

Department

**** Please fill in all information above. For EHS Office use below.****

Seriousness of Hazard/Near Miss: Priority # _____

1. **Priority 1** – The most serious type of unsafe condition or unsafe work practice that could cause loss of life, permanent disability, the loss of a body part (amputation or crippling injury), or extensive loss of structure, equipment, or material.
2. **Priority 2** – Unsafe condition of work practice that could cause serious injury, industrial illness, or disruptive property damage.
3. **Priority 3** – Unsafe condition or unsafe work practice that might cause a recordable injury or industrial illness or non-disruptive property damage.
4. **Priority 4** – Minor condition, a housekeeping item or unsafe work practice infraction with little likelihood of injury or illness other than perhaps a first aid case.

Supervisor's Signature

Signature of Safety Officer

Follow-up Action Completion Date: _____ (Action will be taken whether signed or not)

Action/Comments: _____

Please return a copy of this form to:
Edward A. Arias
Environmental Health & Safety Office, Suite S621
Office#: (713) 221-8040
Fax#: (713) 226-5546