

Quarterly Injury, Incident, Accident & Hazard Reports

Quarter: _____

Use these forms to report your injuries, accidents, hazards and near misses to the Dept. Safety Committee. Complete the form and forward to your RSR at least ONE WEEK prior to the department safety meeting (See schedule in section 1 of this binder)

| Clinic/Facility | Injuries, Incidents, Accidents, Hazards, Near Misses | Corrective Actions Taken or Planned |
|-----------------|--|-------------------------------------|
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