

OFFICE OF ENVIRONMENTAL HEALTH AND SAFETY  
REPORT OF SAFETY HAZARD/NEAR MISS

This form is to be used by university employees to report safety hazards and near misses on the UTM campus. You are not required to give your name, department, or phone number; however, this information will be kept confidential and would greatly assist in follow-up should additional details be needed. If you have experienced a close call but somehow escaped having an accident, please report this incident as a near miss so we may warn others of the condition or eliminate it.

DATE: \_\_\_\_\_ TIME OF DAY: \_\_\_\_\_

LOCATION OF HAZARD: \_\_\_\_\_

EXISTING CONDITION CONSIDERED TO BE HAZARDOUS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAS THIS BEEN REPORTED TO ANYONE?

\_\_\_\_\_  
\_\_\_\_\_

OTHER COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

**OPTIONAL**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

**FOR USE BY OFFICE OF ENVIRONMENTAL HEALTH AND SAFETY**

Inspection Date: \_\_\_\_\_ Work Order Submitted: \_\_\_\_\_

Existing Condition: \_\_\_\_\_

Abatement Date: \_\_\_\_\_ Follow-up (Y/N): \_\_\_\_\_

RETURN THIS COMPLETED FORM TO:  
SAFETY OFFICER, OFFICE OF ENVIRONMENTAL HEALTH AND SAFETY, 164 CRISP HALL