AWAIR

NEAR MISS FORM

This form is for employees to use to inform management of potential hazards or unsafe conditions in the workplace. Please be as specific as possible in identifying safety concerns to assure corrective action is taken. It is unnecessary to use your name or title when completing this form, but please make sure your supervisor or manager receives it. This form is **not** to be used to report an accident or injury, it is to be used to report a potential safety problem that could result in an accident or injury.

PLEASE SUBMIT TO YOUR SUPERVISOR OR MANAGER
FOR CORRECTIVE ACTION OF A POTENTIAL SAFETY HAZARD