



[PRINT CLEARLY IN CAPITAL LETTERS]

Item Number 1

0000

Observation / Hazard ID / Near Miss Description

Feedback Given

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

Action Taken / Required

Further Action Required

Supervisor Notified

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

Action Completed

Company Assigned

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\_\_\_\_\_  
Supervisor Signature

Item Number 2

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Observation / Hazard ID / Near Miss Description

Feedback Given

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

Action Taken / Required

Further Action Required

Supervisor Notified

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

Action Completed

Company Assigned

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\_\_\_\_\_  
Supervisor Signature