
HAZARD PRECEDING THE ACCIDENT
(DESCRIBE UNSAFE ACT & UNSAFE CONDITIONS)

BASIC CAUSES - JOB FACTORS, PERSONAL FACTORS
(WHY THE HAZARDS EXISTED)

LOSS POTENTIAL - FREQUENCY/SEVERITY
(HOW SERIOUS OR FREQUENT COULD THIS LOSS BE?)

CORRECTIVE ACTION AND DATE TAKEN

REPORTED BY _____ DATE/TIME _____

SUPERVISOR'S SIGNATURE _____

BRANCH/SECTION HEAD SIGNATURE _____ TEAM LEADER _____

FOR WORKERS' COMP REP ONLY:

DATE ORIGINAL FORWARDED TO NAF PERSONNEL _____

DATE COPY FORWARDED TO MCCS SAFETY OFFICE _____

DATE COPY FORWARDED TO UNION SAFETY OFFICE _____
(as appropriate)