



Near Miss/Hazard Observation

Notice: If the circumstance you're reporting resulted in injury to personnel, damage to equipment or impact to the environment, **SDP**. It must be reported immediately to your Supervisor and HSE as an incident.

Date of submission *

Time *

 ▼

Name *

Person submitting the form

Region *

Choose Region
circumstance
occurred

 ▼

Is this your Home Region? *

Choose Yes or enter
your Home Region

☐

Yes

☐

other:

Department *

**Customer/
Location**

**Type of Near
Miss/ Hazard
Observation ***

☐

Employee Safety

☐

Equipment Safety

☐

Environment

☐

other:

**Did you use your
“Stop Work
Responsibility”
to stop the job? ***

☐ Yes

☐ No

**Details of Near
Miss/Hazard:**

**Immediate
Actions Taken:**

**Suggestions for
Corrective
Actions:**

Submit Near Miss/Hazard Observation
Form

