



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**

