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| --- | --- | --- |
| Name:  Click here to enter text.  N/A | Location:  Click here to enter text.  Date: Click here to enter a date. | |
| Mark all appropriate conditions:  Near-miss  Safety Concern  Safety Suggestion  Other (Describe)  Click here to enter text. | Type of concern:  Unsafe Act  Unsafe Condition Area  Unsafe Condition Equipment  Unsafe Use Equipment  Other (Describe)  Click here to enter text. | |
| Describe the potential incident/hazard/concern/near miss and possible outcome (as much detail as possible):  Click here to enter text. | |  |
| Safety Suggestion:  Click here to enter text. | | |
| **HASP Team** | | |
| Assigned to:  Click here to enter text.  N/A | Date Assigned:  Click here to enter a date.  N/A | |
| Correction:  Click here to enter text. | |  |
| Corrected By:  Click here to enter text. | Date Corrected:  Click here to enter a date. | |