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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. |