



## BFAWU SAFETY REPRESENTATIVE HAZARD / NEAR MISS REPORTING FORM

<b>Name:</b>	(Safety rep reporting)	<b>Date:</b>	(DD / MM / YYYY)
<b>Department:</b>		<b>Managers Name:</b>	(Responsible for dept)
<b>Hazard</b> <input type="checkbox"/>	<b>Near Miss</b> <input type="checkbox"/>	(Tick appropriate box)	
		<b>Date of Occurrence:</b>	(DD / MM / YYYY)
<b>Details:</b> (e.g. location, activity, environment, machine, task etc. – use page 2 for a detailed description with a sketch, please provide as much information as possible )			
<b>Have you informed your Team Leader / Section Manager and what actions have they taken or intend to take? If "no action" reason why?</b>			
<b>Managers Comments / Actions / Target Dates:</b>			
<b>Hazard Eliminated / Near Miss Investigated:</b> YES / NO*		<b>Managers Signature:</b> ..... <b>Date:</b> .....	
<b>Corrective action being taken:</b> YES / NO* <small>*Delete as appropriate</small>		<b>H&amp;S Mgr's Signature:</b> ..... <b>Date:</b> .....	
<b>Note:</b> Everyone including yourself, your Team Leader and Section Manager has a legal responsibility under the "Health and Safety At Work Act 1974". You have a duty to inform your Team Leader and Section Manager of any hazards / near misses for them to action and resolve.			
<b>Report Ref:</b>	<b>Rep. Signature</b>	<b>Branch No.</b>	



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**Detail description of Hazard or Near Miss:**


**Drawing (if applicable):**

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