

INSTRUCTOR TO COMPLETE FOLLOWING DEALING WITH THE INCEIDENT

Did you personally view the incident site? Yes No

Employee Category Faculty Staff Student

UNSAFE ACTS

- | | |
|---|---|
| <input type="checkbox"/> OPERATING WITHOUT AUTHORITY | <input type="checkbox"/> HORSEPLAY |
| <input type="checkbox"/> FAILURE TO WARN OTHERS | <input type="checkbox"/> FAILURE TO USE PERSONAL PROTECTIVE DEVICES |
| <input type="checkbox"/> OPERATING OR WORKING AT UNSAFE SPEED | <input type="checkbox"/> FAILURE OT OBSERVE SAFETY REGULATIONS |
| <input type="checkbox"/> MAKING SAFETY DEVICES INOPERATIVE | <input type="checkbox"/> LACK OF TRAINING OR KNOWLEDGE |
| <input type="checkbox"/> FAILURE TO SECURE OBJECTS | <input type="checkbox"/> PREVENTABLE VEHICLE ACCIDENT |
| <input type="checkbox"/> USING UNSAFE EQUIPMENT OR EQUIPMENT UNSAFELY | <input type="checkbox"/> SLIPS AND FALLS |
| <input type="checkbox"/> UNSAFE LOADING, MIXING, CARRYING | <input type="checkbox"/> FAILURE TO LOCK OUT/TAG OUT |
| <input type="checkbox"/> TAKING UNSAFE POSITION OR POSTURE | <input type="checkbox"/> OTHER: _____ |

UNSAFE CONDITIONS

- | | |
|---|---|
| <input type="checkbox"/> IMPROPERLY GUARDED EQUIPMENT OR MACHINE | <input type="checkbox"/> INADEQUATE WARNING SYSTEM |
| <input type="checkbox"/> DEFECTIVE TOOL OR EQUIPMENT | <input type="checkbox"/> HAZARDOUS STORAGE OR ARRANGEMENT |
| <input type="checkbox"/> POOR HOUSEKEEPING | <input type="checkbox"/> HAZARDOUS DRESS OR APPAREL |
| <input type="checkbox"/> IMPROPER LIGHTING | <input type="checkbox"/> HAZARDOUS WORK PROCEDURE |
| <input type="checkbox"/> IMPROPER VENTILATION (DUST, FUMES, ETC.) | <input type="checkbox"/> HAZARDOUES WEATHER OR ENVIRONMENT |
| <input type="checkbox"/> UNSAFE DESIGN OR CONSTRUCTION | <input type="checkbox"/> CONTACT WITH POISONOUS PLANTS, INSECTS, TOXIC CHEMICALS, SKIN IRRITANTS, BITES, ECT. |
| <input type="checkbox"/> SLIPPERY OR OTHER UNSAFE SURFACE | <input type="checkbox"/> OTHER: _____ |

• REASONS FOR UNSAFE ACT (Must be completed by Supervisor)

• REASONS FOR UNSAFE CONDITION (Must be completed by Supervisor)

• WHAT PRACTICAL CORRECTIVE ACTION CAN BE TAKEN BY BXM TO PREVENT RECURRENCE?

SUPERVISOR'S SIGNATURE _____

DATE _____

BXM REVIEW SIGNATURE _____

DATE _____