

SADDLEBACK NEAR MISS REPORT:

EMPLOYEES' ACTIONS: Describe the unplanned event. Recommended corrective action.			
Signature:	Department:	Shift:	Date:

Describe safety hazards, unsafe conditions, or practice. Recommended corrective action.			
Signature:	Department:	Shift:	Date:

SUPERVISORS ACTIONS: Describe corrective actions taken or recommended.			
Work Order (if required)			
Signature:			Date:

MAINTENANCE ACTIONS: Describe corrective actions taken.			
Signature:			Date: