This form is to be utilized to report an event, condition, situation, or action that resulted (or could have resulted) in an injury, death, or serious property damage at a Steward Observatory facility or location. The information provided in this form is intended for proactive, preventative purposes and not for disciplinary purposes.

Please provide a complete, detailed description of events within 24 hours after the incident/near miss. Additionally, please provide any other necessary information, such as witness reports, diagrams, or photos. Witness reports should provide a name and contact information. Anyone may complete this form, but it should be completed by someone with sufficient knowledge of the incident so that the information provided is complete and accurate. **No personal identifiers (names, age) shall be used in this form except the reporter’s name and contact information.**

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| **SITE NAME and AREA DESCRIPTION:** | Click or tap here to enter text. | **Send the completed form to:**•Your supervisor•Mark Buglewicz: buglewic@arizona.edu•David Carroll: davidcarroll@arizona.edu•Karen Kenagy: kenagy@arizona.edu |
| **REPORTER NAME/DATE:** | Click or tap here to enter text. | **OCCUPATIONAL EXPOSURE/INJURY:** |[ ]
| **DATE/TIME OF INCIDENT:** | Click or tap here to enter text. | **EQUIPMENT-RELATED:** |[ ]
| **UA RISK MGMT INCIDENT #:** | Click or tap here to enter text. | **PROPERTY LOSS:** |[ ]
| **CONTACT INFORMATION FOR ADDITIONAL DETAILS:** | Click or tap here to enter text. | **MEDICAL EMERGENCY:** |[ ]
|  |  | **NEAR MISS:** |[ ]
| **DESCRIPTION OF EVENT:** | Click or tap here to enter text. |
| **CONTRIBUTING CAUSAL FACTORS** | Click or tap here to enter text. |
| **IMMEDIATE CORRECTIVE ACTION TAKEN:** | Click or tap here to enter text. |
| **THE FOLLOWING SECTION FOR USE BY STEWARD OBSERVATORY EXECUTIVE SAFETY COMMITTEE** |
| **LONG TERM CORRECTIVE ACTIONS:** | Click or tap here to enter text. |

Please provide pictures and/or diagrams:

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