



Subject: Safety Forms:

Incident and Near-Miss

Section: IV

Date: 02/28/2023 rev. 4

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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.**

SITE NAME and AREA DESCRIPTION:		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:		OCCUPATIONAL EXPOSURE/INJURY:	<input type="checkbox"/>
DATE/TIME OF INCIDENT:		EQUIPMENT-RELATED:	<input type="checkbox"/>
UA RISK MGMT INCIDENT #:		PROPERTY LOSS:	<input type="checkbox"/>
CONTACT INFORMATION FOR ADDITIONAL DETAILS:		MEDICAL EMERGENCY:	<input type="checkbox"/>
		NEAR MISS:	<input type="checkbox"/>
DESCRIPTION OF EVENT:			
CONTRIBUTING CAUSAL FACTORS			
IMMEDIATE CORRECTIVE ACTION TAKEN:			
THE FOLLOWING SECTION FOR USE BY STEWARD OBSERVATORY EXECUTIVE SAFETY COMMITTEE			
LONG TERM CORRECTIVE ACTIONS:			



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Please provide pictures and/or diagrams:

Click on the icon to load your image

Click on the icon to load your image

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