



### Unsafe Condition/Incident Report (Local Safety Committee Only)

Local Safety Committee Case No. \_\_\_\_\_ Date of Local Safety Committee Review \_\_\_\_/\_\_\_\_/\_\_\_\_

Please print or type.

\_\_\_\_\_ Not Occupational Safety Related \_\_\_\_\_ Safety Occupational Related / Not Locally Resolved

Explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unsafe Condition \_\_\_\_\_ Unsafe Incident \_\_\_\_\_ The local safety committee has reviewed all documentation relative to this condition/incident and submit the following findings and recommendation(s) for corrective action.

Unsafe condition/incident found (explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is this  
unsafe  
condition/  
incident  
related to:**

\_\_\_\_\_ Construction Standards  
\_\_\_\_\_ Engineering  
\_\_\_\_\_ Fleet Services  
\_\_\_\_\_ Inventory Services

\_\_\_\_\_ OH Equipment  
\_\_\_\_\_ OH Work Methods  
\_\_\_\_\_ Tools  
\_\_\_\_\_ Training

\_\_\_\_\_ Transmission/Substation  
\_\_\_\_\_ UG Equipment  
\_\_\_\_\_ UG Work Methods  
\_\_\_\_\_ Other, explain \_\_\_\_\_

\*Contributing factors \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Root cause(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Safety Rules/Work Methods Not Adhered to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Behavior: \_\_\_\_\_ N/A \_\_\_\_\_

Primary Barrier: Haz Rec & Resp \_\_\_\_\_ Bus Sys \_\_\_\_\_ Facil & Equip \_\_\_\_\_ Reward & Recog \_\_\_\_\_  
Disagree SWP \_\_\_\_\_ Personal \_\_\_\_\_ Culture \_\_\_\_\_ Personal Choice \_\_\_\_\_

Recommendation for corrective action \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

The corrective measures will be taken by \_\_\_\_\_ (Name) by \_\_\_\_/\_\_\_\_/\_\_\_\_ (date)

\_\_\_\_\_  
*Management Committeeperson*

\_\_\_\_\_  
*Local Safety Committeeperson*  
(Union Committeeperson if Bargaining Unit)

Distribution: Person(s) responsible for corrective action  
Employee  
Employee(s) immediate supervisor/foreman  
Department head  
President local union, if bargaining unit  
Department safety coordinator  
Local safety committee (retain original)

☐ Safety Memorandum Data Checksheet completed.

\*If more space is needed, attach additional sheets.

**NOTE:** Attach supporting worksheet and documentation for filing and distribution.

Date corrective action taken \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
*Signature of person responsible*

**Return to local safety committee when completed.**