Unsafe Condition/Incident Report - Form 1880A

Refer to GO Procedure #152 when completing this form. Please print clearly. Person reporting _____ Personal Sub Area ____ Loc'n symbol ____ Personnel # _____ Position ______ Immediate supervisor/foreman ______ Position _____ Date of incident ______ Day of week _____ Address/location of reported item ______ *Describe unsafe condition/incident *Your recommendation for corrective action ______ *Additional comments Is immediate action required? yes __ no __ If yes, what action was taken? ______ employee signature Supervisor/Foreman Section Immediate action taken by supervisor/foreman? yes __ no __ Explain ______ Please Print the Proper Lotus Notes Email Name Where Applicable: Management Committee Person Union Committee Person Manager _____ Local Union President _____ Before signing as the person in charge, it is your responsibility to provide all applicable analysis or information about the events so that root cause can be determined or verified by the committee. immediate supervisor/foreman signature Submit to local safety committee.

	Unsafe Condition/Incid	ent Report (Loca	I Safety Committee C	Only)
Local Safety Committee Case No		Date of Local Safety Committee Review//		
Please print or ty	/pe.			
Not Occ	upational Safety Related	_Safety Occupatio	onal Related / Not Loca	ally Resolved
Explain why:				
	on Unsafe Incident incident and submit the following fin			
Unsafe condition	vincident found (explain)			
Is this unsafe condition/ incident related to:	Construction Standa Engineering Fleet Services Inventory Services	OF To	H Equipment H Work Methods pols raining	Transmission/Substation UG Equipment UG Work Methods Other, explain
*Contributing fac	etors			
Safety Rules/Wo	ork Methods Not Adhered to			
Primary Behavio	r:			N/A
Primary Barrier:	Haz Rec & Resp Bus Sys Disagree SWP Personal	Facil & Equip Culture	Reward & Reco _ Personal Choic	og e
Recommendatio	n for corrective action			
Comments				
The corrective m	neasures will be taken by		(Na	me) by/ (date)
Management Co	ommitteeperson		Local Safety Co (Union Committee	mmitteeperson person if Bargaining Unit)

Distribution: Dergan(a) rean anaible for corrective action				
Distribution: Person(s) responsible for corrective action Employee				
Employee(s) immediate supervisor/foreman	Date corrective action taken/			
Department head President local union, if bargaining unit				
Department safety coordinator	Signature of person responsible			
Local safety committee (retain original)	digitature or person responsible			
☐ Safety Memorandum Data Checksheet completed.	Return to local safety committee when completed.			
*If more space is needed, attach additional sheets.				
NOTE: Attach supporting worksheet and documentation for filing and distribution.				