

Accident/Incident

Month: _____

“Work to have a workplace without accidents.”

			1	2			
			3	4			
			5	6			
			7	8			
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
			25	26			
			27	28			
			29	30			
			31				

- Day Without Accident
- Near Miss
- Day With Accident

Comments: _____

UNSAFE ACTS AND CONDITIONS			
DESCRIPTION	TOTAL	OPEN	CLOSED
IDENTIFICATION OF DANGERS			
YELLOW CARDS			
SAFETY COMMITTEE			

