

Hazard / Incident / Near Miss / Complaint Report

This report must be completed by employees when a hazard is identified that cannot be immediately eliminated; or when an accident incident occurs; when a near miss occurs; or when a complaint is received. The report must be sent to safe@dbmr.unibe.ch as soon as possible.

Hazard <input type="checkbox"/>	Incident <input type="checkbox"/>	Near Miss <input type="checkbox"/>	Complaint <input type="checkbox"/>
Date	Time		
Location			
Description of hazard/incident/near miss/complaint			
Immediate action taken			
The remainder of the report to be completed by a safety officer			
Action taken to investigate the cause of the problem			
Cause of the problem			
Action required to prevent the problem from occurring again			
All actions completed and issue closed <input type="checkbox"/>		Date	
Signed by			

University of Bern

Department for BioMedical Research

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