**The form must be sent via e-mail to an employee/management representative in your local Occupational Health and Safety Group. They need to know who is reporting the near-accident, in order to be able to analyse it as best as possible.**

**Information about the person involved/reporting the case**

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| --- |
| **Job type:** |
| **Department/administrative division/section:** |

**Location and time**

|  |
| --- |
| **Date of near-accident:** **Time:** |
| **Location, if the near-accident happened at an Aarhus University address (building, room):** |
| **Location address (if the near-accident did not happen at Aarhus University):****Address:****Postal code and town/city:****Describe the near-accident site in your own words:** |

**Description of the near-accident**

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| **Description of the course of events:** |

**Filled in by the occupational health and safety group:**

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| **Was the work situation affected by technical deficiencies such as maintenance issues, difficulties with operation or the like? If YES, which and in what way?****Was the work situation affected by conditions relating to work environment such as lighting, noise, smoke, gases, fumes or the like? If YES, which and in what way?****Was the work situation affected by something else than the previous mentioned? If YES, which and in what way?****The occupational health and safety group’s suggestions for preventive measures:** **The following measures have been taken:** |

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| **A COPY OF THE COMPLETED FORM MUST BE SENT TO:**LAMU - the Local Occupational Health and Safety Committee |