**Meldehilfe für Beinahe-Unfälle**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | |  |
|  | Name, Abteilung: | |  | | | |  |
|  | Datum, Uhrzeit: | |  | | | |  |
|  | Ort des Vorfalls: | |  | | | |  |
|  | Tätigkeit, bei der sich der Vorfall ereignete: | | | | |  |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
|  | Beschreibung des Vorfalls: | | |  | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
|  | Ursachen: |  | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
|  | Vorschlag zur Unfallvermeidung: | | | |  | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |