

**DETROIT DISTRICT  
SAFETY ALERT REPORT FORM**

**FORWARD COMPLETED FORM TO THE SAFETY OFFICE FOR REVIEW.**

**NAME (OPTIONAL):** \_\_\_\_\_

**PHONE (OPTIONAL):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**UNSAFE CONDITION AND/OR NEAR MISS:** \_\_\_\_\_

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**RECOMMENDED ACTION:** \_\_\_\_\_

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