



HAZARD REPORT FORM

Location:
.....

HAZARD – DESCRIPTION

(Include area and task involved, and any equipment, tools, people involved. Attach sketches if necessary)

.....
.....
.....
.....

Has any person sustained an injury from this hazard YES NO

If 'YES' – Date/...../..... Name of Injured Person:

Name of person reporting this hazard:

SUGGESTED ACTIONS – for eliminating or controlling the hazard

.....
.....
.....
.....

Report Forwarded to (Name) **Date:**/...../.....

ACTION TAKEN - to eliminate or control the hazard

.....
.....
.....
.....

Name of person responsible for this action:

Date Action Completed:/..../....



OFFICE USE ONLY

Hazard Report Number ____/____

EVALUATION	Hazard Eliminated <input type="checkbox"/>	Hazard Controlled <input type="checkbox"/>
Further Action Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>

FURTHER ACTION REQUIRED

.....
.....
.....

Signed: Date: .../.../.....

REVIEW OF FURTHER ACTION

.....
.....
.....

Signed: Date:.../.../.....