



## HAZARD REPORT FORM

**NOTE: Please use this form to report any hazard identified in the workplace. Please forward and discuss the hazard with your supervisor.**

<b>SECTION A (Details of the person reporting the hazard)</b>	
Surname:	First Name:
Telephone:	Mobile:
Position:	
Work Area:	
Supervisor Name:	
<b>SECTION B (Details of the identified hazard)</b>	
Date hazard noticed:	Date hazard reported:
Details of hazard: (include details of any equipment and names of persons involved)	
Hazard reported to: (Provide name and position)	
<b>SECTION C (Management Action)</b>	
Action taken:	
Signature of Manager:	Date: