

Hazard Report Form

1. REPORTED BY	Surname	Given Name
Address		Telephone
2. HAZARD DETAILS -		
Describe the hazard that exists		
Describe any action taken		
Describe any suggestions to remove hazard		
3. Declaration - I hereby declare the information provided above is true and correct		
Signed		Date

4. INVESTIGATION

(Complete under the direction of the Onsite Supervisor and Business Manager)

Details of investigation (Attach sheet if necessary with additional details)

What corrective action was identified?

Who is responsible for completing the corrective action?

Target completion / or review date

Date effective action completed

Signed:

Onsite Supervisor

Signed:

Business Manager