



HAZARD REPORT FORM

A hazard is anything that has the potential to cause harm. Reporting hazards can reduce accidents and incidents. There is a separate form for an accident or an incident (including a 'near-hit').

Personal details <i>(to be completed by person reporting the hazard to the workplace management)</i>		
First name(s):	Surname:	DOB:
Position:	Managers name:	
Address:		
Telephone number:	Email address:	
Hazard details		
Date of hazard:	Time of hazard:	
Description of hazard:		
Location of hazard:		
Name of witnesses to the hazard		
Name:		Contact:
Name:		Contact:
Name:		Contact:
What do you think can be done to resolve the problem?		
Immediate action taken when hazard identified		
Action:		By whom
Action:		By whom

You will receive notification of action taken.

Manager to complete this section:

Corrective actions to be taken based on the Hierarchy of Controls			
Risk control (Highest to Lowest)	Required action	By whom	Date to be completed
Elimination (eg moving)			
Substitution (eg alternative)			
Isolation (eg blocking areas)			
Engineering (eg guarding)			
Administration (eg standard operating procedures, training)			
Personal Protective Equipment (eg helmet, high visibility vest)			
Consultation			
<i>Who did we consult with when deciding on the actions for the controls?</i>			
Name	Position	Contact Details (phone)	

Corrective actions authorised by

Name

Signature

Date
