Hazard Report

Details *(Report to be completed by anyone who identifies a hazard)*

Date:	
Time:	
Reported by (print name):	
Location of the hazard:	
Description of the hazard: *What safety issue have you seen that has the potential to cause harm or loss?*	

Corrective actions

Recommended corrective actions: *What do you think could be done to eliminate or minimise the hazard?*	
Reported by (sign here):	

Supervisor to complete

Corrective actions to be taken: *What do you think could be done to eliminate or minimise the hazard?*	
Supervisor (print name):	
Supervisor signature:	