**Hazard Report Form**

Please print clearly

|  |  |  |  |
| --- | --- | --- | --- |
| Location |  | Date |  |
| Name |  | Reported to |  |

|  |  |  |  |
| --- | --- | --- | --- |
| WORKER TO COMPLETE | | | |
| **DESCRIPTION OF HAZARD** | | | |
|  | | | |
| **CORRECTIVE ACTION** | | | |
| 🞎 Has been taken 🞎 Is still required | | | |
| Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PCBU TO COMPLETE | | | |
| **ACTION TAKEN** | | | |
| 🞎 Discussed at staff meeting 🞎 Added to Hazard/Incident register | | | |
| **FURTHER ACTION REQUIRED** | | | |
| Signature |  | Date |  |