

# HAZARD REPORT FORM

Report no.

Site location

Reported by  Time  Date

Completed ws to be given to Supervisor, Employer, Principal Contractor or WHS Officer. Tick the type of hazard below:

Equipment                      Chemical                      Electrical                      Slip/Trip/Fall                      Security                      PPE                      Other

1. Brief description of hazard/safety issue:

2. Location of the hazard in the workplace:

3. Remedial action taken to ensure workplace health and safety:

4. Assessed level of risk:

Extreme                      High                      Medium                      Low

Reported to  Time  Date

Signed (Signature by reporting person)

Print Name

Original to be given to Supervisor/Employer/Principal Contractor or WHS Officer. Copy to be retained by reporting person.

MQ-OH-FM-1026

