

Hazard Reporting Form

This form is to be used for hazard identification within the organisation
To be completed by person reporting hazard. Please print clearly.

Surname: _____ First Name: _____

Date of Incident: _____ Time of Incident _____ am/pm



DESCRIPTION OF HAZARD:

CORRECTIVE ACTION:

Taken

Required



ACTION REQUIRED:

Discussed at staff meeting / OHS committee

Date: _____

Discussed at staff meeting / OHS committee

Date: _____



FURTHER ACTION REQUIRED:

Employer: _____

Date: _____

Worker: _____

Date: _____