**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 |  |