

# HAZARD REPORT FORM



## GENERAL DETAILS

Name of person reporting hazard			
Contact number		Date	
Hazard location			
Hazard reported to			

## DESCRIBE THE HAZARD IDENTIFIED

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## CORRECTIVE ACTION

Corrective action taken                       Corrective action required

#	Action suggested	Responsibility	Timing
1			
2			
3			
4			
5			

## MANAGEMENT SIGN-OFF

First name		Surname	
Contact number		Email	