

Hazard Report Form

This form is to be completed by the person reporting the hazard

| A. Person Details | |
|-------------------|--|
| | Are you a: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Visitor |
| Name | |
| Phone no. | |
| Email | |
| Address | |

| B. Hazard Description | |
|-----------------------|--|
| Hazard location | |
| Hazard description | |
| Any injury occurred | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| Risk (in your view) | <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low |
| Signature | |

| For Office Use Only | | | |
|---|---|------------|-------|
| Received on | | | |
| Remedial actions taken | 1. 2. 3. 4. | | |
| Further action if the hazard is not completely eliminated | | | |
| Is the outcome communicated to person | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Processing Staff | <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%;">Signature:</td> <td style="border: none; width: 30%;">Date:</td> </tr> </table> | Signature: | Date: |
| Signature: | Date: | | |