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## **Hazard Report Form**

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

A. Person Details				
Are you	u a: □ Student	t	□ Employee	□ Visitor
Name				
Phone no.				
Email				
Address				
B. Hazard Description				
Hazard location		D. Hazalu Desi	лрион	
Hazard description				
Any injury occurred		□ Yes	□ No	□ Unsure
Risk (in your view)		□ High	□ Moderate	□ Low
Signature				
<b>3</b>				
For Office Use Only				
Received on				
Remedial actions taken	1.			
	2.			
	3.			
Further action if the	4.			
hazard is not				
completely eliminated				
Is the outcome communicated to person		☐ Yes		□ No
Processing Staff	Signature:			Date:
Troccosing Stail	Jigilatule.			Date.