

## 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	Signature: _____ Date: _____