

# Hazard Report

HAZARD REPORT NO: \_\_\_\_\_

**Section A** **REPORTED BY:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Department / Area: \_\_\_\_\_

**REPORTED TO:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Department / Area: \_\_\_\_\_

**SUBJECT**

Workplace Hazard  Dangerous Work Practice  Near Miss

**DESCRIPTION OF HAZARD**

---

---

---

**Section B** **WHAT NEEDS TO BE DONE TO RECTIFY THE PROBLEM?**

---

---

---

**Section c** **WHAT HAS BEEN DONE?**

---

---

---

---

---

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Copy given to: Manager (name): \_\_\_\_\_