

Hazard Report

| | | | | | | | | |
|---|--|--|----------------|--|--|---|--|--|
| Date | | | Time | | | am pm | | |
| Location of hazard | | | | | | | | |
| Address | | | | | | | | |
| Person reporting hazard | | | | | | Title Mr Mrs Miss | | |
| Address | | | | | | | | |
| Tel: | | | | | | | | |
| Person who first became aware of the hazard if not above: | | | | | | | | |
| Details of Hazard (continue on back/ additional sheets if needed) | | | | | | | | |
| Action taken (continue on back / additional sheets if needed) | | | | | | | | |
| Other people informed | | | | | | | | |
| 1. | | | Address | | | How/ When | | |
| 2. | | | Address | | | How/ When | | |
| Further actions required (continue on back/ additional sheets if needed) | | | | | | | | |
| Firmly attach any additional sheets | | | | | | Number of additional sheets: _____ | | |
| Date of report | | | Signed | | | | | |