

HAZARD REPORT FORM

This form may be used for any hazard or issue.

Please complete this form and forward to the appropriate person(s).

Name:		Date:	
Supervisor:		Time:	
Work Area:			
Please tick appropriate	<input type="checkbox"/> WHS Issue	<input type="checkbox"/> Environmental Issue	<input type="checkbox"/> Hazard identified



SAMPLE

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Priority	Severity	Frequency	Control	Responsible	Due Date
High	Critical	Continuous	Immediate	Management	2023-10-27
Medium	Major	Intermittent	Short Term	Supervisor	2023-10-28
Low	Minor	Occasional	Long Term	Worker	2023-10-29

Identifying Identified Hazards

1. Observation
2. Inspection
3. Interview
4. Engineering
5. Investigation
6. Assessment/Measurement

Control Measures

Responsible Person

Due Date