



Hazard Report Form

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WHS places a duty on workers to report hazardous situations of which they are aware and take all reasonable steps to protect their own health and safety and that of others in the workplace. A failure to report any hazard they identify may result in disciplinary action in accordance with Code of Conduct for Employees.

This Hazard Report has been designed to facilitate hazard reporting and must be used by an employee to report any identified hazards.

Name: _____ Date: _____ Time: _____

Worksite / Location: _____

Job / Task: _____

Description of Hazard: _____

Immediate Corrective Action: _____
 (Temporary Control Implemented) _____

Preventative Actions: _____
 (Suggested Remedy) _____

Supervisor's Comments: _____

Supervisor's Name: _____ Signature: _____

Date: _____ Time: _____

Health & Safety Representative
 Notified/Consulted Yes No Date: _____ Time: _____

Name: _____ Signature: _____

Manager
 Notified Yes No Date: _____ Time: _____

Manager's Name: _____ Signature: _____

Hazard Register Updated: Yes No Date: _____

CAPA Register Updated: Yes No Date: _____

Risk Assessment Completed: Yes No Date: _____

Hazard Rectified Yes No Date: _____

Employee Feedback Yes No Date: _____