

HAZARD REPORT FORM

This hazard report is for a potential hazard that has been identified, but no incident or injury has occurred.
If an incident or injury has occurred, please complete an incident report form.

Name:

Worker/Contractor:

Description of the issue:

The exact location of the hazard:

When was the hazard identified?

Time:

Recommended action to be taken:

Office Use:

Date:

Recommended action completed by:

Signature:

Comments: