**HAZARD REPORT FORM**

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| **Instructions and how to submit this form**   1. If completing this form electronically, email it to info@meditechstaffing.com.au 2. If completing a hard-copy version, fax to (02) 9763 1133 alternatively you can scan or take a picture of this form and email to info@meditechstaffing.com.au   **You must call (02) 9764 4488 to confirm that this form has been received** |

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| **Section 1: Details of the Issue** | | | | | | | | | |
| Reported By: |  | Date: | | | /     /      (dd/mm/yy) | | | | |
| Manager/Coordinator Name: |  | Location/Task: | | |  | | | | |
| Describe the hazard or issue: | | | | | | | | | |
|  | | | | | | | | | |
| **Section 2: Suggested action & action taken by reporting person** | | | | | | | | | |
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| **Section 3: Hazard Control Actions by Manager** | | | | | | | | | |
| Significant hazards must be managed following the hierarchy of controls:  Eliminated  Isolated  Minimised | | | | | | | **By Whom** | | **By When** |
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| Is there a Corrective Action Request required? | | | No:  Yes: | | | CAR no.: | |  | |
| Is there a Continuous Improvement Report required? | | | No:  Yes: | | | CI no.: | |  | |
| Actions recommended by: |  | | | Date: | | /     /      (dd/mm/yy) | | | |
| **Section 4: Hazard Control Verification** | | | | | | | | | |
| All actions completed date: | /     /      (dd/mm/yy) | Manager Name: | | |  | | | | |
| All actions verified date: | /     /      (dd/mm/yy) | Person Reporting | | |  | | | | |