**HAZARD REPORT FORM**

This form is for reporting hazards or safety concerns. If the hazard or safety part is urgent, you

need to Rectify the problem, unless procurement is involved.

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| **Details of Person Reporting Hazard** | | | |
| First Name: |  | Family Name: |  |
| Job Classification: |  | | |
| Supervisor: |  | | |
| (Tick Correct Box): [ ] Employee [ ] Contractor [ ] Visitor [ ] Client | | | |

|  |  |
| --- | --- |
| **Identify the Hazard:** | |
| Date Hazard identified: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | Time Hazard Identified: \_\_\_\_\_\_\_\_\_\_\_\_\_am/pm |
| Location of Hazard: | |
| Describe Hazard: | |
| Why /How is it a hazard/Potential for injury? | |

**MANHARI COMPLIANCE USE ONLY**

|  |  |  |
| --- | --- | --- |
| **Corrective Action Plan** | | |
| Please use Hierarchy of controls to complete this corrective action plan, give priority to the hazard being eliminated.   1. **Eliminate 2. Substitute 3. Engineering Controls 4. Administrative Control 5. PPE** | | |
| **Actions recommended to be taken** | **By Whom** | **By When** |
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**Manager/Supervisor to Complete:**

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| **Implementation of Control Measures** | | |
| Date:\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | | By Whom: |
| **Provide comments on action taken to remedy the hazard; or proposed actions:** | | |
|  | | |
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|  | | |
|  | | |
| Signature: |  | |