



HAZARD REPORT

To be completed for ALL potential hazards identified in work environment or work procedures.

Work Location:	Date of completion:
Status of reporting person:	
Employee <input type="checkbox"/> Supported employee/client/resident <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/>	
Details of reporting person:	
Surname: First name: Time:am/pm	
Details of problem/issue:	
Describe the nature of the problem/issue (please give full details & include a diagram, if appropriate. Use a separate sheet if necessary).	
.....	
.....	
.....	
.....	
Action:	
What has been done to rectify the problem to date (e.g. erect barricade, tape down loose tile):.....	
.....	
Time: am/pm Date: /.../....	
What further action needs to be taken?	
.....	
Referred to Manager for information or action:	
Signed: Dated: /.../....	
The following section is to be completed by manager	
Action taken by manager:	
.....	
.....	
Signed: Dated: /.../....	
General Manager's review Comments:	
.....	
Signed: Date: /.../....	

Copy of form returned to reporting person