

Hazard Report Form (Form Number: WHS001)

EMPLOYEE TO COMPLETE

PERSONAL DETAILS

Full Name:

Location:

Date:

DESCRIPTION OF HAZARD

What did you see?

CORRECTIVE ACTIONS

What did you do about it?

Is the hazard controlled? **YES** – Forward to WHS Coordinator **NO** – Follow up action required

FOLLOW UP ACTION

Due Date:

Responsible Person:

FEEDBACK PROVIDED

Discussed one on one with reporter:

Discussed at staff meeting:

Discussed at WHS committee:

Supervisors Name:

Supervisors Signature:

SUPERVISOR TO COMPLETE