**Hazard Report Form**

Complete this form and provide it to the Manager.

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| --- | --- | --- | --- |
| Date hazard identified |  | | |
| Time hazard identified |  | | |
| Hazard identified by? |  | | |
| Hazard reported to… |  | | |
| Hazard Location  (i.e. in kitchen, at my workstation, in the hallway) |  | | |
| Have you missed work due to the hazard? | Yes No | | |
| Details of anyone who has also witnessed the hazard  (If applicable) |  | | |
| Description of hazard |  | | |
| List suggestions of how this hazard could be avoided in the future for you or other employees |  | | |
| **W**orker **Signature** |  | **Date** |  |

Manager to complete the below.

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| --- | --- | --- | --- |
| What were the contributing factors for this hazard? |  | | |
| What corrective actions have been completed to control the hazard? |  | | |
| Are there corrective actions that will need to be completed in the future? |  | | |
| Corresponding CI Register numbers for corrective actions |  | | |
| Report entered into Hazard Register | Yes No | | |
| **Manager Signature** |  | **Date** |  |