**Hazard Report Form**

Complete this form and provide it to the Manager.

|  |  |
| --- | --- |
| 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.

|  |  |
| --- | --- |
| 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** |  |