

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 th	he hallway) Have you missed work due to the hazard?
	Yes No
Details of anyone who has also witnessed the hazard (i	f applicable)
Description of Hazard	

List suggestions of how this hazard could be avoided in the future for you or other employees

Worker 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?

Individualised Community Access Services Pty Ltd ABN: 86 092 581 596 PO Box 203, North Lakes Qld 4509

With **icas**, I can...

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Are there corrective actions that will need to be completed in the future?		
Corresponding CI Register numbers for corrective actions		
Report entered into CI Register Yes No		
Manager Signature	Date:	

