

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

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?

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: