

## Hazard Report & Action Form

Date: \_\_\_\_\_ Hazard Report Number: \_\_\_\_\_

**Reported By:-**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Reported To:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Site location: \_\_\_\_\_

**Subject:**

Incident       Near Miss       Workplace Hazard       Hazardous Work Practice

**Description of Hazard:**


**What needs to be done?**


Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Copy given to:**

Facilities Director \_\_\_\_\_ (Signature)

Communication Meeting: \_\_\_\_\_ (Signature)

