

ID NUMBER:

HAZARD FORM

(for reporting any existing or likely hazards)

NAME		DATE
Contact Details		
Address		
Phone		Mobile
Description of Hazard <small>include location, activity, equipment, tools or persons involved</small>		
Suggestions for prevention		
Signature		
		Date:

OFFICE USE ONLY

Received by:

Date received

ACTION TAKEN

All relevant parties have been informed of this outcome.

Signature

Position:

Date: