

Hazard Report Form

Date:	_____	Hazard Report Number:	_____
Reported By:			
Name:	_____	Position:	_____
Reported To:			
Name:	_____	Position:	_____
Site location: _____			
Subject:			
<input type="checkbox"/> Incident <input type="checkbox"/> Near Miss <input type="checkbox"/> Workplace Hazard <input type="checkbox"/> Hazardous Work Practice			
Description of Hazard:			
What needs to be done?			
Signature:	_____	Date:	_____
Copy given to:			
Manager:	_____	(Signature)	
Communication Meeting:	_____	(Signature)	