



HAZARD DETECTION REPORT FORM

1 To be completed by the person identifying the hazard			
Give full name		Department	
Give the home address			
Name		Department	
Address			

2 Nature of the hazard
Please describe the hazard in your own words (attach a sketch on rear of this form if necessary)

3 Location of the hazard
Please indicate the exact location of the hazard

4 Hazard awareness
Have you informed another employee or person in the vicinity of the existence of the hazard?
Who? (Give name of person)
Date:

5 To be completed by person(s) in charge
Describe action needed to eliminate or control the hazard (state whether temporary or permanent)
Any additional comments
Date:
Signature:

6 To be completed by Director/Proprietor/Manager
Comments and instructions
Date:
Signature:

Form to be prepared in triplicate or copied.	
Original:	Retained by employee
Copy 1:	Retained by supervisor/person in charge
Copy 2:	Retained by Director/Proprietor/Manager