

FORM 7: Hazard Report

Worker to complete	Location:	Date:
	Name of worker:	Reported to:
	Description of hazard	
<hr/> <p>Corrective action taken <input type="checkbox"/> required <input type="checkbox"/></p>		
Co-ordination/team leader to complete	Action taken	
	<input type="checkbox"/> Discussed at staff meeting/WHS committee Date:	
Further action required		
<hr/> <p>Co-ordinator Date</p> <p>Health and Safety Representative Date</p> <p>Manager Date</p> <p><input type="checkbox"/> Feedback to person reporting Date</p> <p>I agree/disagree with action taken (person reporting)</p>		