

Hazard Report Form

Team Member – Upon completion of the hazard report please give it to your Manager.

Manager – Review and complete the form, including corrective actions / response. Provide copies of the completed form to the team member and health and safety representative/committee..

Date of report:		Reported by:	
-----------------	--	--------------	--

Department:		Manager:	
-------------	--	----------	--

Please describe hazard concern:

--

Please describe the safety issue:

--

Please rate the hazard using the criteria below (circle the appropriate one).

High – Serious or significant hazard, a high priority for immediate controls or elimination

Medium – Moderate hazard, a medium priority for controls as soon as possible

Low – Minor hazard, a lower priority for controls after higher priorities

Team member signature:	
------------------------	--

To be completed by Manager:

Corrective action taken / responses given:

--

Manager signature:	
--------------------	--

Date:	
-------	--

Reviewed at safety committee meeting:	
---------------------------------------	--

Date:	
-------	--

Co-chair signature:	
---------------------	--

Comments

--