

Hazard/incident report form

Use this form in your workplace to report health and safety hazards and incidents.

Hazard/Incident

Brief description of hazard/incident: (Describe the task, equipment, tools and people involved. Use sketches, if necessary. Include any action taken to ensure the safety of those who may be affected.)

Where is the hazard located in the workplace?

When was the hazard identified? Date: ____/____/____ Time: _____ am/pm

Recommended action to fix hazard/incident: (List any suggestions you may have for reducing or eliminating the problem – for example re-design mechanical devices, update procedures, improve training, maintenance work)

Date submitted to group leader: Date: ____/____/____ Time: _____ am/pm

Action taken

Has the hazard/incident been acknowledged by management? Yes/ No

Describe what has been done to resolve the hazard/incident:

Do you consider the hazard/incident fixed? Yes/ No

Name:

Position:

Signature:

Date: / /
