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| Date: |  | | | | | | Hazard Report Number: | | |  | |
| **Reported By:** | | | |  | | |  | | |  | |
| Name: |  | | | | | | Position: | |  | | |
| **Reported To:** | | | |  | | |  | |  | | |
| Name: |  | | | | | | Position: | |  | | |
| Site location: | | | |  | | | | | | | |
| **Subject:** | | | |  | | | | | | | |
| Incident | | Near Miss | | | | Workplace Hazard | | | Hazardous Work Practice | | |
| **Description of Hazard:** | | | | | | | | | | | |
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| **What needs to be done?** | | | | | | | | | | | |
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| **Copy given to:** | | | | | | | | | | | |
| Manager: | | | | |  | | | | | | (Signature) |
| Communication Meeting: | | | | |  | | | | | | (Signature) |
|  | | | | |  | | | | | |  |