|  |  |  |  |
| --- | --- | --- | --- |
| 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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|  |
| Signature: |  | Date: |  |
| **Copy given to:**  |
|  Manager: |  | (Signature) |
| Communication Meeting: |  | (Signature) |
|  |  |  |