Hazard Report / Consultation Form

Raised by Position Title	Signature	Date
Discussed with	Signature	Date
Responsible Manager notified		
Department		
Description of hazard identified or issue consulted on		
Location		
Risk Assessment before control implemented Low Moderate High Extreme		

SUPERVISOR/SITE MANAGER TO COMPLETE

Control to be implemented	By whom	Authorised by	Deadline	Signed off
Corrective action completed by	Date	Signature		
Risk Assessment after control implemented: Low Moderate High Extreme				
Discussion with employee raising the hazard form with notes and comments				
Final sign off:				
Employee raising issue:				
Date:				
Department Head:				
Date:				