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|  | **HAZARD REPORT** | **Form HR** |
| **Job Number or Name:** |
|  **Person reporting hazard:** |
|  **Date**: **Time:** |
|  **Hazard reported to:** |
|  **Description of hazard:**  |
|  **Location of hazard:** (Use a sketch or photograph if required)  |
|  **Recommendations for control:****Reporters Signature:** |
|  **Supervisor comment:** **Supervisors signature:** |
|  **Hazard rectification completion Date: Time:** **Reporters signature:** **Supervisors signature:** |