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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:** | | | |