

HAZARD REPORT FORM – for any hazard including repair or maintenance of cleaning property or the location where there is a risk

TO BE COMPLETED BY AREA MANAGER OR SENIOR PERSON TO BE COMPLETED BY REPORTING PERSON / SUPERVISOR

DATE: _____ REPORTED BY: _____

WHERE? _____ SUPERVISOR: _____

HAZARD: _____

IMMEDIATE ACTIONS TAKEN: _____

SUGGESTED FIX / CONTROLS / SOLUTIONS: _____

FOLLOW UP ACTIONS TAKEN: _____

UNDERTAKEN BY: _____ DATE: _____

SIGNATURE _____

FURTHER FOLLOW UP / MONITORING REQUIRED
YES / NO

FOLLOW UP SUGGESTED DATE:

FEEDBACK TO PERSON REPORTING HAZARD:

HAZARD REPORT COMPLETED: YES / NO

MANAGER OR DELEGATE (SIGN): _____ DATE: _____