

Hazard Report Form

This form is to be completed by the worker and forwarded to V.I.P. Personnel as soon as practicable (e.g. Within 24 hours).

Optional

Your Name _____

Your Address _____

Phone Number _____

CLIENT DETAILS (Mandatory)

Site Name _____

Client name: _____

Site address: _____

Phone no: _____

Supervisors name: _____

DETAILS

Date Occurred: _____ / _____ / _____

Time: _____

am/pm

Date reported: _____ / _____ / _____

Did you cease work? Yes No

Details of What happened?

DECLARATION

I _____ declare that the information I have provided is correct to the best of my knowledge. I understand it is an offence to give false or misleading information.

Signed: _____

Dated: _____

CORRECTIVE ACTION TAKEN BY V.I.P. PERSONNEL

What _____

By whom? _____

By when: _____