

# Hazard Report Form

This form is to be completed by the worker and forwarded to VIP 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 VIP PERSONNEL**

What \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By whom? \_\_\_\_\_ By when: \_\_\_\_\_