



Hazard/Incident Report Form

Use this form in your workplace to report health and safety hazards and incidents.

Hazard/Incident

Brief description of hazard/incident:	<i>(Describe the task, equipment, tools and people involved. Use sketches, if necessary. Include any action taken to ensure the safety of those who may be affected.)</i>	
Where is the hazard located?		
When was the hazard identified?	Date:	Time:
Recommended action to fix hazard/incident:	<i>(List any suggestions you may have for reducing or eliminating the problem – for example re-design mechanical devices, update procedures, improve training, maintenance work)</i>	
Date submitted to manager:	Date:	Time:

Action taken

Has the hazard/incident been acknowledged by management?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe what has been done to resolve the hazard/incident:		
Do you consider the hazard/incident fixed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Position:	
Signature:	Date:	