# FORM-11. Hazard Report

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| **Reporting**  |
| **Date identified:**  | **Name of Person Reporting Hazard:**  |
| **Location of Hazard:**  |
| **Description of Hazard:**  |
| **Staff involved:**  |
| **Name** | **Position/Qualification** |
|  | -  |
|  | -  |
| **Equipment/processes involved:**  |
| **Suggested Solutions:**  |
| **Corrective Action** |
| **Action Priority:** [ ]  Extreme [ ]  High [ ]  Medium [ ]  Low (circle appropriate priority level – ref Risk Priority Matrix) |
| **Action(s) to be undertaken:**  |
| **Actions Determined By:****Name(s):**  |
| **Action Completion:****Person Responsible - Name:** **To be Completed By - Date:**  |
|  |
| **Review** |
| **Action Completed**: **Name:** **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**  |
| **Review Required:** Yes [ ]  No [ ]  |
| **If Yes, Date of Review:** **Review Completed:**  |
| **Name:**  **Date:** |
| **Further Review Required:** Yes [ ]  No [ ]  |
| **If Yes, Date of Review:** **Review Completed:**  |
| **Name:**  **Date:** |
| **If any review is unsatisfactory or uncovers further risk, complete a new Hazard Report** |