# 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** | | |