

# Hazard Observation Report Form

Date:        /        /

Name of person who identified the hazard: \_\_\_\_\_

Source (*please tick*)

☐ Audit   ☐ Pre-Start   ☐ Toolbox/Safety Talk   ☐ Visual   ☐ Incident   ☐ Other

Supervisor Name: \_\_\_\_\_

Site: \_\_\_\_\_ Department: \_\_\_\_\_

Description of Hazard

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Corrective Action

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Follow up required   ☐ Yes   ☐ No   Date follow up required:        /        /

Follow up action required

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Person responsible for follow up action

\_\_\_\_\_

Date Finalised:        /        /

Originator notified   ☐ Yes   ☐ No   Date notified:        /        /