

School Hazard Report Form

Reporter Information:

- Name: _____
- Contact Number: _____
- Role: Student Teacher Parent Staff Other: _____

Hazard Information:

- Location: _____
- Type of Hazard: _____
- Date Observed: _____
- Time Observed: _____

Description of Hazard:

Immediate Actions Taken:

- Reported to Administration Moved Students/Staff Blocked Access

Other: _____

Signature: _____ Date: _____

Administrative Review:

- Hazard Mitigated Further Investigation Required Escalated to Authorities

Comments: _____

Signature: _____ Date: _____