

Safety Hazard Report Form

Reporter Details:

- Full Name: _____
- Department/Division: _____
- Contact Number: _____
- Email Address: _____

Hazard Details:

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

Description of Hazard:

Immediate Actions Taken:

- Evacuated Area Notified Supervisor Applied Temporary Fix Other:

Recommended Solution:

Signature of Reporter: _____

Date: _____