## Details *(Report to be completed by anyone who identifies a hazard)*

|  |  |
| --- | --- |
| Date: |  |
| Time: |  |
| Reported by (print name): |  |
| Location of the hazard: |  |
| Description of the hazard:*What safety issue have you seen that has the potential to cause harm or loss?* |  |

## Corrective actions

|  |  |
| --- | --- |
| Recommended corrective actions:*What do you think could be done to eliminate or minimise the hazard?* |  |
| Reported by (sign here): |  |

## Supervisor to complete

|  |  |
| --- | --- |
| Corrective actions to be taken:*What do you think could be done to eliminate or minimise the hazard?* |  |
| Supervisor (print name): |  |
| Supervisor signature: |  |