

APPENDIX 22.7

HAZARD REPORT FORM



Hazard Report Form

Project Details:				Date:	
Submitted by (name):					
Submitted to (name):					
The following WHS hazard or potential environmental risk has been identified in relation to work (list details):					
Class 1 – Death, loss of capability, off-site release.					
Risk Level:	Class 2 – Medical treatment, on-site release.				
	Class 3 – First aid treatment, minor incident				
Location:					
Corrective action required (list details):					
By whom (name):			By when (date	e):	
Corrective action completed (details):					
By whom (name):			Date:		Time:
Confirmed by (details):					
Name:			Signature:		
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