

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):			
Risk Level:	<input type="checkbox"/> Class 1 – Death, loss of capability, off-site release.		
	<input type="checkbox"/> Class 2 – Medical treatment, on-site release.		
	<input type="checkbox"/> Class 3 – First aid treatment, minor incident		
Location:			
Corrective action required (list details):			
By whom (name):		By when (date):	
Corrective action completed (details):			
By whom (name):		Date:	
			Time:
Confirmed by (details):			
Name:		Signature:	