



HAZARD/INCIDENT REPORT FORM

Hazard/Incident

Brief Description of hazard/incident

Where is the hazard/incident located in the workplace

When was the hazard identified?
When did the incident take place?

____ / ____ / ____ Time: ____

Recommended Action

Name

Signature

Date

OFFICE USE ONLY

Has the hazard/incident been acknowledged by management? ☐ Yes ☐ No

Describe what has been/will be done to resolve the hazard/incident:

Do you consider the hazard/incident fixed? ☐ Yes ☐ No

Name:

Position:

Signature:

Date: