HAWGOOD HAULAGE - HAZARD REPORTING FORM

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:	