



ABN 36 082 395 195

**WHS HAZARD REPORT FORM**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Site/Office:** \_\_\_\_\_

**Hazard Location:** \_\_\_\_\_

**Reported By:** \_\_\_\_\_

**Reported To:** \_\_\_\_\_

**Brief Description**


Immediate Corrective Action	By Whom	Date Completed

	Manager	Employee	Date of Feedback
<b>Account Manager/Managing Director must provide feedback to the initiator of all Hazard reports within two working days of the report date.</b>			

**Account Manager/Managing Director are required to transfer information onto Risk Register and/or complete an Incident Investigation Report.**