HAZARD IDENTIFICATION REPORT

Please fax through to the appropriate person in your state.

Fax to:	NSW	Marie Conn	02 8248 7211
	QLD	Sharon Palmer	07 3003 0211
	VIC	Anna Greaves	03 9670 1699
	ACT	Marie Conn	02 8248 7211

Name of Person completing form:	

(Please circle) ***External Staff / Internal Staff / Supervisor / Manager***

Reported to:		**Date:**	

(Please circle) ***Consultant / Supervisor / Manager / OHS Representative***

Site Name:	
Site Address:	

Location of hazard

Description of hazard

Photo or drawing

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What immediate corrective action have you completed?

Signed by person completing form ***Date***

What further action is required (OFFICE USE ONLY)?

Action	By Whom	By When	Done?	Consultant/ Manager

Signed (Manager) ***Date***

Signed (Client) ***Date***
If appropriate