



**HAZARD REPORT**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Reported By:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

**Reported To:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Site location: \_\_\_\_\_

**Subject:**

- Incident       Near Miss       Workplace Hazard       Hazardous Work Practice

**Description of Hazard:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**What has been done to resolve this issue? (to be completed by the B&G Caretaker)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Copy given to:**

B & G Caretaker: \_\_\_\_\_  
(Signature)

Business Manager: \_\_\_\_\_  
(Signature)

