



RTO Code: 46122

## Hazard Report Form

*(Person reporting the hazard to complete this form)*

Name						
Department						
Date						
Location of the Hazard						
A Brief Description of the Hazard including date when it was first identified						
Risk Rating (based on your initial assessment)	<input type="checkbox"/>	High	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Low
Signature						

### ADMIN Use Only

Received on		
Remedial Actions Taken	1. 2. 3. 4.	
Further Action if the Hazard is not Eliminated		
Completed by		Date: