



WHS-FOR-008.1 Hazard Report

1	Description of the Work Health and Safety Hazard:	
2	Immediate action taken to ensure safety of persons:	
3	Where is the Work Health and Safety Hazard located in the workplace:	
4	Time / Date Hazard Identified: Time: am/pm Date:	
5	Recommended Action to fix Work Health and Safety Hazard: Immediate: Ongoing:	
<i>Please Note: This report does not imply that all other conditions and work practices are acceptable</i>		
6	Reported by:	Received by:
	Name:	Name:
	Signature:	Signature:
	Position:	Position:
	Date:	Date:
7	Corrective Action:	
8	Accepted by Reporting Person:	Closed out by Manager
	Name:	Name:
	Signature:	Signature:
	Position:	Position:
	Date:	Date:

Please email completed report to safety@harbourtrust.gov.au .