

HAZARD REPORT FORM

Hazard Reporting No = _____ Date = _____

Observer Name = _____ Emp. ID = _____

Observations

Location of Hazard Identified: = _____ Date & Time: _____

Details of Hazard

As per above information Identified Hazard is count in which categories? : = _____

Employee Recommendations

Employee Signature: = _____ Supervisor Signature: = _____

Corrective Action / Preventive Actions (CAPA)

Manager Works: _____ Manager Production: _____

Safety officer: _____ Human Resource Executive: _____
