

	Function: OHS	Document ID: IOGTA-OHS-FORM-080	Rev. No: 01	Effective Date: 12 Jan 17
	Title/Subject: Hazard Report Form			

Company: _____
Work Area: _____ **Location:** _____
Date: _____ **Close-out:** _____
Reported by: _____ **Position:** _____
Reported to: _____ **Position:** _____

Detail of Hazard:

MANAGEMENT: PLEASE ADD ANY ACTIONS TO THE CORRECTIVE ACTIONS REGISTER

Immediate Action Taken to Control / Eliminate Hazard:

Action by: _____ **Date:** _____

Final Action Taken to Control / Eliminate Hazard:

Action by: _____ **Closed:** _____