



# HAZARD REPORT FORM

Company Name:

## Hazard Observation

**Date of Observation:**

**Observed by:**

**Location of Hazard:**

**Hazard Type:**  
(if known)



Physical ☐



Psychological ☐



Chemical ☐



Biological ☐

**General Description  
of Hazard:**  
(tell us your concern)

Please submit your completed hazard report form to a member of the JHSC. Note: The committee will review the hazard and work to implement interim and long-term corrective actions to reduce the risk.

## Hazard Resolution (for committee use)



### Corrective Action #1

Corrective Action Assigned to:

Date:

Corrective Action Completed by:

Date:



### Corrective Action #2

Corrective Action Assigned to:

Date:

Corrective Action Completed by:

Date:

**Reviewed by:**

**Date:**