

# HAZARD REPORT AND ACKNOWLEDGEMENT FORM

Location of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

**Reporter Information:**

Full Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Contact Number / Email: \_\_\_\_\_

**Hazard Details:**

Description of Hazard: \_\_\_\_\_

Location of Hazard: \_\_\_\_\_

Immediate Risk Level (Low / Medium / High): \_\_\_\_\_

**Incident Details (if applicable):**

Type of Incident: \_\_\_\_\_

Persons Involved: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

**Hazard Control Measures and Recommendations:**

Control Measures Implemented: \_\_\_\_\_

Further Recommendations: \_\_\_\_\_

**Acknowledgement:**

By signing below, the undersigned acknowledges having reported the hazard in good faith and understands that all information provided will be handled in accordance with applicable Australian workplace health and safety legislation. The organisation commits to addressing the reported hazard promptly and in accordance with legal requirements.

**REPORTER'S SIGNATURE**

**MANAGER'S SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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