

HAZARD/DEFECT REPORT FORM

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| LOCATION (Dept/Site/Team): | |
| PERSON/S INVOLVED: | |
| NATURE OF PROBLEM/S: | |
| DOES PROBLEM CREATE A HAZARDOUS SITUATION? YES/NO* | |
| IF YES, INFORM MANAGER/SUPERVISOR/FOREPERSON IMMEDIATELY | |
| HAS INJURY BEEN SUSTAINED BECAUSE OF PROBLEM? YES/NO* | |
| IF YES, COMPLETE ACCIDENT REPORT | |
| ACTION ALREADY TAKEN (Include by whom taken): | |
| NAME OF PERSON REPORTING PROBLEM: | |
| DATE: | TIME: |
| CORRECTIVE ACTION TO BE TAKEN: | |
| COMPLETED FORMS TO BE PASSED TO MANAGER/SUPERVISOR/FOREPERSON FOR ACTION | |
| PERSON/S RESPONSIBLE FOR ACTION & TARGET DATE/S: | |
| MANAGER/SUPERVISOR/FOREPERSON TO SIGN ON COMPLETION OF CORRECTIVE ACTION: | |
| Signature Date | |
| | |
| ON COMPLETION OF ALL ACTIONS, PASS COPY TO DIRECTOR FOR FILE | |

* Delete as applicable