HAZARD IDENTIFICATION REPORT

Please fax through to the appropriate person.

Fax to:			
	QLD	Kurt Reppenhagen	07 3387 0101

Name of Person completing form:	

(Please circle) External Staff / Internal Staff / Supervisor / Manager

Reported to:		**Date:**	

(Please circle) Consultant / Supervisor / Manager / OHS Representative

Site Name:	
Site Address:	

Location of hazard

Description of hazard

Photo or drawing

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What immediate corrective action have you completed?

Signed by person completing form ***Date***

What further action is required (OFFICE USE ONLY)?

Action	By Whom	By When	Done?	Consultant/ Manager

Signed (Manager) ***Date***

Signed (Client) ***Date***

If appropriate