

HAZARD NOTIFICATION FORM



This form is to be completed when identifying a new hazard.

HAZARD NOTIFICATION

WORKPLACE:	
TO:	
POSITION:	

TO BE COMPLETED BY PERSON REPORTING

HAZARD DESCRIPTION

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How would the contact with the Hazard Occur?	
Who comes into contact with the Hazard?	
How often does contact occur?	
What would normally happen if someone comes into contact with the hazard	

Risk Level: (please circle) Extreme High Moderate Low

LOCATION:	
SIGNED:	
DATE:	

ACTION REQUIRED

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BY WHOM:		BY WHEN:	
DATE COMPLETED:		SIGNED:	