



Hazard Report Form – SWANN COLLEGE

Date:	_____		
Reported By:			
Name:	_____	Position/ Student Number:	_____
Reported To:			
Name:	_____	Position:	_____
Location:	_____		
Subject:			
<input type="checkbox"/> Incident	<input type="checkbox"/> Near Miss	<input type="checkbox"/> Workplace Hazard	<input type="checkbox"/> Hazardous Work Practice
Description of Hazard:	_____		

What needs to be done?	_____		

Signature:	_____	Date:	_____
Copy given to:			
Manager:	_____	(Signature)	
Communication Meeting:	_____	(Signature)	