

	FOR WHS - 005	Version: 1:0
	Workplace Hazard Report Form	Issued: 20/10/2016 Next Review: 20/10/2017

Location of the Hazard:

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Date hazard identified:	Time hazard identified:
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Description of the Hazard:

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Why is it considered a hazard?

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Is the hazard an immediate threat to workplace health and safety? Yes No

Do you have a suggestion as to how to control the hazard?

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Name of person making this report:	Phone:
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Is the hazard in your usual place of work? Yes No

Has the WHS Coordinator been informed? (0458009429) Yes No

Date & time WHS Coordinator received this form