

Hazard/incident report form

Use this form to report health and safety hazards and incidents within NDGC.

Hazard/Incident

Brief description of hazard/incident: (Describe the task, equipment, tools and people involved. Use sketches, if necessary. Include any action taken to ensure the safety of those who may be affected.)

Where is the hazard located in NDGC?

When was the hazard identified? Date: ____/____/____ Time: _____am/pm

Recommended action to fix hazard/incident: (List any suggestions you may have for reducing or eliminating the problem – for example re-configure set up, update procedures, improve training, maintenance work)

Date submitted to Manager: Date: ____/____/____ Time: _____am/pm

Action taken

Has the hazard/incident been acknowledged by Management? Yes/ No

Describe what has been done to resolve the hazard/incident:

Do you consider the hazard/incident fixed? Yes/ No

Name: _____ Position: _____

Signature: _____

Date: ____/____/____