Hazard Identification Report

| Date: | |
|-------------------------|---|
| | |
| Reported By: | |
| | |
| Location: | |
| | |
| Type of Hazard: | |
| | |
| Description of Hazard: | |
| | |
| Risk Level: | |
| | • |
| Immediate Action Taken: | |
| | |
| Recommended Action(s): | |
| | |
| Person Responsible: | |
| | |
| Target Completion Date: | |
| | |