Notification and Control of Hazard

Description of Hazard: _____

_____

Location of Hazard: _____

Suggestions for Control of Hazard:

Eliminate the Hazard: _____

Isolate the Hazard: _____

Minimise the Risk: _____

Action Required: _____

_____

By Who _____

When will it happen: _____

Monitoring Required: ☐ Yes ☐ No

If yes who will monitor: _____

Monitoring to be done

☐ monthly

☐ 3 monthly

☐ 6 monthly

☐ yearly

Reported by: _____ _____ /_____/_____

Day / M onth / Y ear

Hazard Board updated _____ /_____/_____

Day / M onth / Y ear

Received by Room Supervisor _____ /_____/_____

Day / M onth / Y ear

Evaluation date _____ /_____/_____

Day / M onth / Y ear