

16.3.5 HAZARD REPORT FORM

PART 1 - REPORTING					
Section 1: To be completed by person reporting hazard					
Parish Details					
Name of Person		Time Reported			
Position of Person		Work Area			
Hazard Description					
Manual Tasks <input type="checkbox"/>	Working at Heights <input type="checkbox"/>	Electricity <input type="checkbox"/>	Plant and equipment <input type="checkbox"/>	Hazardous chemicals <input type="checkbox"/>	Extreme temperature <input type="checkbox"/>
Noise exposure <input type="checkbox"/>	Other (Specify):				
Describe the hazard					
Describe any suggestions to prevent the hazard:					
Form completed by		Signature & Date			
Provide Form to the Parish Council Safety Delegate immediately upon completion					
Date form received by Parish Council Safety Delegate		Parish Council Safety Delegate Signature & Date			
Is a Task Risk Assessment (TRA) Required?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Date TRA completed	
Describe other corrective actions					
Responsibility for completing corrective actions		Date corrections actions completed			
Date hazard entered onto hazard register		Parish Council Safety Delegate Signature & Date			