

OFFICE USE: REPORT NUMBER _ _ - _ - _ _ _

ENVIRONMENTAL HAZARD REPORT FORM

Environmental Hazard Reports to be forwarded to - humanresources@pqsa.asn.au

PLEASE PRINT CLEARLY

Date: ___ / ___ / ___

Worker to Complete	Client Name: _____ Location Address: _____
	HAZARD IDENTIFIED: _____ _____ _____ _____ _____ _____
	Immediate Action Taken to Rectify Hazard (If any): _____ _____ _____ _____
	Reported To: _____ Date Reported: ___ / ___ / ___
	If injury occurs, complete Incident/Concern Report – Part A/B
	Hazard and Immediate Action Recorded in Client Communication Book: <input type="checkbox"/> YES / <input type="checkbox"/> NO
	Name of Person Reporting Hazard: _____
	Signature: _____ Contact Number: _____
	OFFICE USE: Human Resources: Date Person Reporting Contacted: ___ / ___ / ___ Notes: _____ _____
	Responsible Person: _____ Referring Date: ___ / ___ / ___ Controls: _____ _____ _____ _____