

Report of Safety or Health Hazard

MEMORANDUM FOR: SAFETY INSPECTOR
ROOM _____

Date: _____

SAFETY AND OCCUPATIONAL
HEALTH MANAGER

From	
	Anonymity Requested <input type="checkbox"/> YES <input type="checkbox"/> NO
Location of Hazard	
Nature of Hazard	
Action by Safety Officer	
Action Taken	
Date Hazard Corrected	Followed up Action if Required