**HAZARD REPORT FORM**

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| REPORTED BY (NAME) | | JOB TITLE | | |
|  | |  | | |
| **Hazard Title** | | | | |
|  | | | | |
| **Hazard Source** | | | | |
| **Asbestos** | **Audit** | | **Incident** | **Observation** |
| **Site Inspection** | **Walkthrough** | | **Other:** | |
| **Date of Incident** |  | | **Time of Incident** |  |
| **Worksite Location** | | | | |
|  | | | | |
| **Specific Area** | | | | |
|  | | | | |
| **Description of the Hazard** | | | | |
|  | | | | |
| **Immediate Actions Taken** | | | | |
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