



Hazard Report Form

Criteria: Complete this form only if no injury has occurred. If an injury has occurred please complete the Incident Report Form in Part B – Emergencies and Safety Incidents.

Person Reporting: Complete **Section A** within 2 hours and give to your Parish Priest or Parish Administrator immediately.

Parish Priest: Complete **Section B** within one (1) working day and retain on file.

Section A: Person reporting hazard to complete

Title:	Surname:	Other Names:
Are you (please circle): Employee/Volunteer/Visitor/Clergy/Contractor		
Area/Location:		
Date Hazard identified:	Location of hazard:	
Description of Hazard:		
Name of person hazard reported to:		
Name of witness:	Ph:	
Signed:	Date:	

Section B: Parish Priest or Parish Administrator

Action Plan			
Risk Control Options	Action Required	By Whom	By When
Eliminate (i.e. remove)			
Substitution (i.e. alternative)			
Isolation			
Engineering (i.e. Controls/guards)			
Administration (i.e. standard operating procedures, training)			
Personal Protective Equipment (PPE) (i.e. safety glasses, helmets etc)			
Content of feedback:		Date:	
Name of Parish Priest/Parish Administrator:		Signature:	
		Date:	