



CSCS EVENT NO EVT.CSCS.....

HAZARD REGISTER REPORT NO:

WIWWALK REGISTER NO:

HAZARD REPORT FORM

NAME OF PERSON PREPARING REPORT:

SIGNATURE:.....

DATE:

AREA/LOCALITY OF HAZARD:

DESCRIPTION OF HAZARD: (include area and task involved, any equipment, tools, people involved. Use sketches if necessary)

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POSSIBLE REMEDIES: (List any suggestions you may have for reducing or eliminating the problem, e.g. re-design, procedures, training, maintenance work, etc.)

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SUBMITTED TO:.....

SIGN:DATE:.....



CSCS EVENT NO EVT.CSCS.....

HAZARD REGISTER REPORT NO:

WIWALK REGISTER NO:

OFFICE USE ONLY

MANAGERS SECTION (Record hazard in CSCS Registers eg: Hazard Register, WiWalk Register etc.)

RISK RATING:

(Use Risk Assessment Form)

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CORRECTIVE ACTION REQUIRED:

ACTION TO BE COMPLETED:

- Immediately
- Within 24 Hours
- Within 48 Hours
- Within 7 Days

CORRECTIVE ACTION COMPLETED BY:

FULL NAME: **SIGN:**

DATE: **TIME:**