

HAZARD IDENTIFICATION FORM

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|--|---|
| Date Reported: | Time Reported: |
| Reported By (Optional): | Reported To: |
| Location of Hazard: | |
| Description of Hazard: | |
| PRINT NAME: | SIGNATURE: |
| Additional Information: [pictures of the hazard, screenshots of hazard reported, videos of the hazard etc enclosed] | |
| <i>For Official use Only</i> | |
| HIGH | Issues that are perceived as a high-level safety hazard that can result in incidents and should be escalated immediately to the Team Lead and Account Manager |
| MEDIUM | Issues that are a potential safety hazard if not corrected and should be escalated immediately to the Team Lead and Account Manager |
| LOW | Issues that can be a potential safety hazard if not corrected and should be escalated immediately to the Team Lead and Account Manager |
| <i>Classified By</i> | |
| PRINT NAME: | SIGNATURE: |
| <i>Reviewed By</i> | |
| PRINT NAME: | SIGNATURE: |