



HAZARD REPORT FORM

Host Employer:	Date:
Host Employer Address:	Location of Hazard:

DESCRIPTION OF HAZARD:

HAZARD REPORTED TO:

CIRCUMSTANCES CONTRIBUTING TO HAZARD:

RISK ASSESSMENT RATING :
(See Opposite Risk Assessment Matrix)

PERSON REPORT HAZARD:

HAZARD REPORTED TO:

SUPERVISOR'S NAME:

ACTION TAKEN:

Hazard Reported To:
Host employer
Implicor Candidate Care or Recruitment Consultant