Hazard Notification Form

Your name:	Date:	Location:	Notification to:

Description of hazard including significance in your opinion:	Any immediate action taken to mitigate: (please describe)	Your recommendations to control or eliminate the hazard:
Signature of person notifying this hazard:		

Health and safety representative report including analysis and action taken:

Date entered into the hazard register:

Signature of Parish Priest or Parish Finance Committee:

Please note: any worker who identifies a hazard should complete this form, for example a new hazard that is not entered into the hazard register or an existing hazard that has been entered into the hazard register that has not been correctly managed to eliminate or mitigate risk.