**HAZARD REPORT**

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| **Hazard Report** |
| Task:  | Location:  | Date:  |
| Completed By:  | Reported To:  ☐ in person ☐ by phone ☐ by email ☐ other | Time: |
| **Risk Assessment Legend:**(Circle the class appropriate to the hazard) | **Class A Hazard:** Immediately stop work. Eliminate the hazard if possible. If not, contact Site Supervisor.**Class B Hazard:** Immediately stop work. Introduce new control measures. Notify Site Supervisor immediately.**Class C Hazard:** Record hazard and existing control measures. Notify Site Supervisor by end of shift. |
| **New Hazard(s)** | **Existing Controls** | **New Controls** | **Approved By** |
|  |  |  |  |
| **Management Follow-Up** | **Completed By:** | **Date:** |
| Comments: |