



NAFET

National Academy of Further Education & Training

HAZARD REPORT FORM

Complete this form only if no injury has occurred. If an injury has occurred please complete the Register of Injury

Instructions: (please complete, tick or circle as appropriate responses)

- Person Reporting:** - to complete this form within 1 WORKING DAY and give it to Management IMMEDIATELY
- Management:** - to conduct an investigation in private and separate with person reporting and witness(es) WITHIN 5 WORKING DAYS

PERSON REPORTING TO COMPLETE		
Title:	Surname:	Other Names:
☎ :	Are you (please circle): staff / visitor / contractor / student	
Institute / Department		
Hazard description: Where?		
When?		
What?		
How?		
Why?		
Signed:		Date:

OFFICE USE ONLY:

Recommendations to prevent further occurrences of this type of hazard. (Note that there may be more than one response)

Risk Control Options	Action Required	By Whom	By When
1. Elimination (e.g. remove)			
2. Substitution (e.g.. alternate)			
3. Engineering (e.g.. controls/guards)			
4. Administration (e.g.. standard operating procedures, training)			
5. Personal Protective Equipment (PPE) (e.g.. safety glasses, helmets, gloves)			

OHS Representative Name:

Signature:

Date: