

**Hazard Report Form**

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| **REPORTED BY:** | **SIGNATURE:** | **Date:** |
| **LOCATION:** |
| **Hazard** | **Immediate Controls Required** | **Risk\***E,H,M,L  | **Additional Controls Required** | **By Date** | **Responsibility**  | **Date Completed** |
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\*Risk E- Extreme, H- High, M- Medium, L-Low

Name: ………………………………………… Signature: ........................................... Date: ………………......