**HAZARD REPORT**

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| **INVESTIGATIVE TEAM** |
| Name | Position | Role |
|  |  | *Employer Representative* |
|  |  | *Worker Representative* |
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| **HAZARD** | **RISK** | **RECOMMENDATION** | **DATE COMPLETED** |
|  | Degree of Risk:□ High □ Moderate □ Low |  |  |
|  | Degree of Risk:□ High □ Moderate □ Low |  |  |
|  | Degree of Risk:□ High □ Moderate □ Low |  |  |
|  | Degree of Risk:□ High □ Moderate □ Low |  |  |
|  | Degree of Risk:□ High □ Moderate □ Low |  |  |
|  | Degree of Risk:□ High □ Moderate □ Low |  |  |