

# Health and Safety Hazard Report

**Date:** [Insert Date]

**Submitted By:** [Your Name]

**Department:** [Your Department]

## Hazard Details

**Location of Hazard:** [Specify Location]

**Description of Hazard:** [Provide a detailed description of the hazard]

**Date Hazard was Observed:** [Insert Date]

## Potential Risks

[Outline the potential risks associated with the hazard]

## Immediate Actions Taken

[List any immediate actions taken to mitigate the hazard]

## Recommendations

[Provide recommendations for addressing the hazard]

## Follow-Up

[Indicate any follow-up actions that are required]

**Signature:** \_\_\_\_\_