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| **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 |  | Enter date |
|  | Degree of risk:  High  Moderate  Low |  | Enter date |
|  | Degree of risk:  High  Moderate  Low |  | Enter date. |
|  | Degree of risk:  High  Moderate  Low |  | Enter date |
|  | Degree of risk:  High  Moderate  Low |  | Enter date |
|  | Degree of risk:  High  Moderate  Low |  | Enter date |