



CONSTRUCTION RECRUITMENT

HAZARD OBSERVATION REPORT FORM

Date / /

Name of person who identified the hazard: _____

Source (please tick)

- Audit Pre-Start Toolbox/Safety Talk Visual Incident Other

Supervisor Name: _____

Site: _____ Department: _____

Description of Hazard

Corrective Action

Follow up required Yes No Date follow up required: / /

Follow up action required

Responsible for follow up action

Date finalised: / /

Originator notified Yes No Date notified: / /