

Hazard Alert Form

Hazard Identified by: _____	Date: _____
Form Issued to: _____	
Hazard Location: _____	

The following hazard has been identified:

Please take the following action to control the hazard (Conduct Risk Assessment)

Action Time: Immediately Within 24 hrs Within 7 days

Completed By: _____	Signed: _____
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To be completed by Supervisor:

Action Completed: _____ am/pm	Date: _____
Name: _____	Signed: _____