



HAZARD IDENTIFICATION REPORT FORM

Your Name (Optional):		School/Department/Unit:	
Telephone No.:			
The above information is confidential. This portion will be removed from the form and returned to you as a receipt. No record of your identity will be kept. You may be contacted for additional information prior to submitting the information into the SMS process.			
✂			
Description of the issue or hazard:			
Date and Place observed:			
How do you recommend fixing the problem?			
TO BE COMPLETED BY THE HEAD, SAFETY UNIT			
Hazard Tracking Number assigned:			
Investigator assigned:		Date assigned:	
Action taken by Safety Unit:			
Action Accepted:	Yes or No	Date:	Comments:
Further Action Required:	Yes or No	Date:	Comments:

The completed form should be slotted into any of the Safety Boxes.

