**Hazard report**

[INSERT ORGANIZATION LOGO HERE]

|  |  |  |
| --- | --- | --- |
| **INVESTIGATIVE TEAM** | | |
| **Name** | **Position** | **Role** |
|  |  | Employer Representative |
|  |  | Worker Representative |
|  |  |  |
|  |  |  |

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| --- | --- | --- | --- |
| **Hazard** | **Degree of Risk** | **Recommendation** | **Date Completed** |
|  | High  Moderate  Low |  |  |
|  | High  Moderate  Low |  |  |
|  | High  Moderate  Low |  |  |
|  | High  Moderate  Low |  |  |
|  | High  Moderate  Low |  |  |
|  | High  Moderate  Low |  |  |
|  | High  Moderate  Low |  |  |