



# Hazard Report –

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To be completed by the educator/staff member/ nominated supervisor/approved provider to report any hazard or potential hazard in the workplace.

**Type of Incident:** Incident  Potential Risk

**Grade:** Minor  Moderate  Major/Critical

**Person/People involved:**

Child  Educator/staff  Volunteer  Student  Visitor  Other

**Name of those involved:**

Names of person: \_\_\_\_\_

Others involved:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Details of incident:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

What was the injury/risk and what appended to cause the injury/risk:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corroborated By:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Immediate action taken to contain/eliminate the hazard:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PTO

Educators/Staff name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Long term Preventative Action Recommended (if applicable)

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Approved Provider/Nominated Supervisor

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notification (for all moderate/Major Incidents):**

Approved Provider/Nominated Supervisor:

Time: \_\_\_\_\_ Date: \_\_\_\_\_