

Grand River Personnel

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Title: Hazard/ Incident Report Form		Date of Issue: May 4, 2008
Location: Health & Safety Program Section 4.2c		RevisionDate: 12/11/2016, 7/20/2017
Approvals:	Signatures:	
Chris Perkins, President		
Jayne Eulenberg, Worker Safety Rep		

Hazard / Incident Report Form

Reported by: _____ Reported to: _____

Working Location _____ Date of Report _____

Location of hazard: _____

Please describe the hazard/ incident:

Please describe the safety issue:

Rate Hazard Class using criteria listed below:

Hazard Class	
"A" (Major)	High risk (immediately dangerous to life and health)
"B" (Moderate)	Medium risk (medium term potential for non-life threatening injury)
"C" (Minor)	Low risk (long term potential for slight injury or illness)

If this is a repeat issue, whom have you reported it to before

Recommendations (what, responsibilities, time frames):

Actions taken/Responses given:

Original to: Health and Safety Rep when all the recommendations are completed

Copies to: President, Supervisor

Reported by: _____

Management Reviewed: _____