Form 10-1 - Hazard Reporting

LOCATION:		DEPARTMENT:	
DATE OF INCIDENT:		TODAY'S DATE:	
REPORTING: Hazardous Condition/ Act Incident/ Accident Injury/ Illness Near Miss			
RATING:	□ A - Major	☐ B - Moderate	☐ C - Minor
REPORTED TO (Name):		
YOUR NAME:			
DESCRIBE INCIDENT:			
SUGGESTED SOLUTION/ ACTION TO BE TAKEN:			
THE FOLLOWING ACTIONS WERE/ WAS TAKEN: (to be completed by the Supervisor)			
☐ Further Investigation being conducted			
DISTRIBUTION:	☐ Senior Management ☐ H	lealth & Safety Coordinator	
☐ Joint Health and Safety Committee/ Worker Representative			