



University Students' Council of the University of Western Ontario
HAZARD REPORTING FORM

FOR PERSON REPORTING THE HAZARD

Your name :

Today's date (YYYY/MM/DD):.....

Type of hazard:

- act(s): behaviours, which could lead to an accident.
- condition(s): circumstances, which could allow an accident to occur.

Location of observed hazard:
(e.g. building, room, area)

Description of hazard:

if already fixed, describe how:

repeat issue; last reported to (name & date):

FOR SUPERVISOR/MANAGER COMPLETING THIS SECTION

Name: Action Plan Completed
Name/Date (YYYY/MM/DD):

Date (YYYY/MM/DD):

Rating of hazard:

- Major: risk of death, critical injury, or lost time
- Moderate: risk of an injury requiring medical attention (non-life threatening)
- Minor: risk of an injury requiring first aid

Action Plan in Response to hazard:

This plan will control the hazardous situation by making the following change:

What will be done, specifically, and when:
(for more space, use other side or attach extra paper)

Person(s) responsible for taking corrective action:

Notified by (Name/Date):

- USC Occupational Health & Safety
- JHSC
- The Worker Health & Safety Representative



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(Please attach any applicable correspondence.)