## ^ 5.3S Hazard Report Form 5.3S:



Report To:			Site Address:				For	more In	formation yo	u can co	ontact u	ıs on bel	ow De	tails.	
	nopon ioi		<u> </u>	.0 / 100					No: (03) 99			5 021 502	y 11 2 c.		
								Fax	No: (03) 93	338 268	8				
								E-n	nail: info@g	goldenb	rown.c	om.au			
									Site: www.g						
			L	<u></u>			Mai	ling Add	ress: 8/217 N	/lickleha	m Rd Tu	ullamari	ne, Vic	3043	
Report Date:	R.O. N	R.O. No.:				Hazard Report No:									
	,			Deta	ails of the l	Hazar									
Supervisor:			Date of Rep			Place of Hazard: (Room number or a specific corridor or pa						or path	way)		
Reported By:				e Notified:	d:			(please tick) Staff []			l Contractor () Visitor ()				
Item De	escription			Haza	rd Lo	cation	Si	te Name		ID	)	Mel	. Ref.		
WORKPLACE HAZARDS															
Hazards may occur in a workplace which need to be controlled to prevent injuries occurring.  As a cleaner you have a responsibility to report any hazards that you might find.															
			t sure that somet							perviso	r.				
Hazards sho * High Risk	ould be classified		ate control as the	w how	a tha natanti	al far i	normonor	at/soriou	ic injumy or	dooth					
* Moderate			improvement ove								,				
* Low Risk			mities for improv							to empl	oyee he	ealth ai	ıd safe	ety.	
What you sho	ould do: => List an	y hazar	ds you find on the	e haza	rd report fo	rm and	l give it to	o your S	upervisor.						
	=> 1 ne Su	pervisoi	r wiii put tnese oi	n a Ha	zara Kegisto	er and	wiii ask y	you to no	eip tnem iin	d soluti	ions to	the haz	ard.		
	=> If solutions cannot be found, then ways of minimising the risk will be implemented.														
HAZARD REPORT FORM –  For any hazard including repair or maintenance of cleaning property or the location where there is a risk															
HAZARD:															
IMMEDIATE ACTIONS TAKEN:															
ANDERIL ACION TAREN															
CHCCECTEI	D FIX / CONTRO	NT C / C/	OI LITIONS.												
SUGGESTEI	J FIX / CONTRO	יב / פעי	JLUTIONS:												
FOLLOW U	P ACTIONS TAK	ŒN:													
UNDERTAKEN BY:				:											
SIGNATURE				RD REP	ORT (	COMPLET	ΓED:	YES	5 / NO	,					
FURTHER FOLLOW UP / MONITORIN			G REQUIRED Y	YES /	NO I	OLL	OW UP	SUGG	ESTED DA	ATE:					
FEEDBACK	TO PERSON RE	PORT	ING HAZARD	) <b>:</b>											
MANAGER OR DELEGATE (SIGN)			):		I	ATE	:								

Please send to: 8/217 Mickleham Rd Tullamarine, Vic 3043