

Golden Plough Lodge
Health & Safety
Hazard/Incident Report

Date _____ Department _____

Name _____ Position _____

To be completed by the Person Reporting the hazard or incident

Nature and location of the hazard/incident _____

Proposed solution

Signature _____

Use the back if more space required

To be completed by the department manager

Response and Action Taken

Date _____

Signature _____

Response reviewed by reporter

Date _____

Signature _____

Comments

Health & Safety Committee

Further Action Required (if necessary) _____

Health & Safety Co. Chair Management _____

Health & Safety Co. Chair Workers _____

Comments - _____