Appendix 14: Hazard notification form

Any person who identifies a hazard should complete this form, for example a new hazard that is not entered into the hazard register or an existing hazard that has been entered into the hazard register that has not been correctly managed to eliminate or mitigate risk. Please submit reports to b.sowman@auckland.ac.nz

Your name:	Date:	Date observed:	
Location:	Notification to:		
Description of hazard, including significance in your o	opinion:		
Any immediate action taken to mitigate (please desc	ribe):		
Your recommendations to control or eliminate the h	azard:		
Health and Safety officers report including analysis a	nd action taken:		
Date entered into Hazard Register: Name of Health and Safety Officer:			
Signature of Health and Safety Officer:			