HAZARD REGISTER

				No.		Hazard Identification	LOCATION:	LOCA
				Hazard Details				TION:
				Date Identified				
				Priority *		Assess		
				Short Term Actions	Remedia To be completed by Sup Solutions R	Hazard Control	REVIEW DATE:	
				Long Term Actions	Remedial Action – To be completed by Supervisor/Impact Executive Solutions Representative.			DEVIEW DATE:
				Person Responsible				
				Date Completed				

^{*} Priority (1) Needs immediate attention (within 24 hours)

* Priority (2) Does not require immediate action – time frame dictated by the urgency