

HAZARD REGISTER

LOCATION: _____ REVIEW DATE: _____

| Hazard Identification | | | Assess | Hazard Control | | | |
|-----------------------|----------------|-----------------|------------|--------------------|-------------------|--------------------|----------------|
| No | Hazard Details | Date Identified | Priority * | Short Term Actions | Long Term Actions | Person Responsible | Date Completed |
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* Priority (1) Needs immediate attention (within 24 hours)
 * Priority (2) Does not require immediate action – time frame dictated by the urgency