

## CANDIDATE HAZARD REPORT FORM

### To be completed by HOBAN Temporary On-Hired Casual

Name of person reporting the hazard: \_\_\_\_\_

HOST site where hazard is: \_\_\_\_\_

Time: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

What is the problem?

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Has any short-term measure been taken to resolve problem? (e.g. erect barrier etc.)

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What further action is required?

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Signed: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

Once you have completed the above the forward to your relevant HOBAN office to action.

If you believe the hazard is a risk to personal property then please contact the WHS Manager on [alyssah@hoban.com.au](mailto:alyssah@hoban.com.au) or 1300 269 148

### To be completed by a HOBAN Manager

Action taken to rectify problem:

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Action completed by: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

Managers Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

Monitoring that control measure effective: Yes

Date: \_\_/\_\_/\_\_