**Hazard Spot Form**

**Name: ………………………………….**

**Date: ……………………………………**

**Location: …………………………………………..**

**Time: ………………………………………………...**

**Unsafe Act** [ ]

**Unsafe Condition** [ ]

**Hazard** [ ]

**Description: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Cause:**

**…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Hazard Rectified?**

**YES** [ ]  **NO** [ ]

**How?**

**…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**If unable to rectify – corrective action taken to make it safe**

**…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Line Manager**

**…………………………………………………………………**

**Feedback from Line Manager**

**…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**