**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**

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