



SITE HAZARD or UNSAFE WORKING CONDITIONS IDENTIFICATION REPORT

Site Address: Date:/...../.....

Nature Of Hazard:
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.....

Does this Hazard impact on Work being performed by Statewide Door Service : YES / NO

Does this Hazard impact on Work being performed by other workers : YES / NO

Does this Hazard impact on other persons(ie building staff/members of the public: YES / NO

Reported by:

Employee: Mobile:

Contractor: Mobile:

Notification to(SWDS): On Date:/...../.....

NOTE: IF YOU CONSIDER THIS HAZARD TO BE EXTREEM(LIKELY SERIOUS INJURY OR DEATH) YOU MUST REPORT THIS TO SWDS SUPERVISOR BY PHONE AND IF POSSIBLE RENDER THE AREA SAFE(IE BARRACADES/TAPE) AROUND THE HAZARD AND CEASE WORK IMMEDIATELY.

Actioned by:..... On date:/...../.....

<input type="checkbox"/> Internal Action required(swds employee) Corrective Action to Employee: On Date:/...../..... Corrective Completion: Corrective measure Completed on:/...../..... By: Signature:
<input type="checkbox"/> External Action required(swds contractor) Corrective Action to Contractor: On Date:/...../..... Corrective Completion: Corrective measure Completed on:/...../..... By: Signature:
<input type="checkbox"/> Other External Action required(Buiding Management, Client Company, Work Safe etc) Party 1: Hazard Report To: PersonCompany..... Copy of report forwarded On Date:/...../.....: Email / Fax / Post / Hand Party 2: Hazard Report To: PersonCompany..... Copy of report forwarded On Date:/...../.....: Email / Fax / Post / Hand

CORRECTIVE ACTION COMPLETED: Notification of Completion by Person:Company:..... Matter Closed On Date:/...../.....
