



# Rubies Nursing Care

Community & Disability Care

## HAZARD REPORT FORM

**Completed by staff member**

Name of person reporting problem: \_\_\_\_\_

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

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

What is the problem? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

What further action is required? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_/\_\_/\_\_

**Completed by manager**

Action taken to rectify problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action completed by: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Managers Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Copy of form returned to person(s) raising issue: Yes

Monitoring that control measure effective: Yes  Date: \_\_/\_\_/\_\_