Seawolf Building Co. Hazard & Opportunity Report Form

Date:	Hazard Report Number:
Reported By:	
Name:	Position:
Reported To:	
Name:	Position:
Site location:	
Subject:	
Opportunity Near Miss	☐ Workplace Hazard ☐ Hazardous Work Practice
Description of Hazard/Opportunity:	
What needs to be done?	
Signature:	Date:
Copy given to:	
Manager:	Sign:
Communication Meeting:	Sign: E A WOLF
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