

Community Health & Safety

Hazard report form

To be completed for all potential hazards identified in the workplace, building or property or in work procedures

Plan details	
Plan number	
Plan name	
Address	
Owners name	
Contact number	
Email address	
Time (24hour clock)	
Date	
For completion by the Community Health & Safety team	
Work Health & Safety flag	
Status	
Strata manager	
Division	
Person reporting	
First name	
Surname	
Contact number	
Email address	

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Status of reporting person	
Employee	Committee member/owner
Tenant	Visitor
Volunteer	Contractor
Other	
Details of problem/issue: describe the nature of the problem/issue (provide full details and a diagram if appropriate, using a separate sheet if necessary).	
Risk levels	
Level 1: low (refer manager)	Level 2: moderate (refer manager)
Level 3: high (within 24hrs)	Level 4: extreme (immediate action)
Previous work order or task for this issue by PM/MM	Yes No
Contractor	
Contact number	
Action - what has been done to rectify the problem to date (e.g erect barricade, tape down loose tile)	
Time action taken (24hour clock)	
Date action taken	
Current work order for this issue	Yes No
Contractor	
Contact number	
Refer to portfolio manager	
Refer to maintenance manager	
Work Health & Safety team member	
Main task number	

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