

HAZARD REPORTING FORM

**PART A
(TO BE COMPLETED BY PERSON WHO IDENTIFIED THE HAZARD)**

1. PERSONAL INFORMATION	
NAME:	
CONTACT NO.:	
EMAIL:	
2. HAZARD INFORMATION	
LOCATION OF HAZARD:	
BRIEF DESCRIPTION OF HAZARD:	
DATE/TIME OF HAZARD IDENTIFIED:	
3. SUGGESTED CORRECTIVE ACTION (IF ANY)	

Please send completed form to ashklam@ntu.edu.sg

**PART B: HAZARD INVESTIGATION REPORT
(TO BE COMPLETED BY SCSE WORK SAFETY COMMITTEE)**

1. OBSERVATION OF HAZARD REPORTED

2. INTERIM ACTION TAKEN TO PREVENT INCIDENTS

3. FINAL CORRECTIVE ACTION RECOMMENDED/TAKEN:

DATE CORRECTIVE ACTION COMPLETED:

*** If unable to correct problem:** Describe any difficulties in implementing the corrective action recommended above and additional resources or assistance required to implement them:

INVESTIGATION REPORT FILED BY:

Lam Hoy Kong
WORK SAFETY COMMITTEE
SCHOOL OF COMPUTER SCIENCE AND ENGINEERING