



# Form 18.2

## Hazards Record

This list was compiled on (date) \_\_\_\_\_

Review date: \_\_\_\_\_

Hazard (including record of exact location)	How Severe?	How Likely?	Priority Number	Proposed solution/s to the problem (including short term and long term solutions)	Who's responsible?	Do by date	DONE	
							Initials	Date