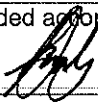


### Hazard Report Form

This form is to be completed where a hazard has been identified but no incident or injury has occurred. If incident or injury has occurred please complete the Confidential Incident/Injury Report Form.

Name: <b>Tim DALY</b>	
Relevant worker <input checked="" type="checkbox"/>	Department : <b>INSTALLATION</b> Contractor <input type="checkbox"/> Company:
Phone number: <b>0966210 559</b>	
Date: <b>30/1/12</b>	
Description of the hazard/safety issue: <b>EXTREMELY WORN TYRES ON SCISSOR LIFT.</b>	
Exact location of the hazard: <b>SCISSOR LIFT</b>	
When was hazard identified? Date: <b>29/1/12</b> Time: <b>9:00am</b>	
Recommended action to ensure safety: <b>HAVE TYRES REPLACED</b>	
Recommended action completed by: <b>Tim DALY</b> Signature: 	Date: <b>5/2/12</b>
Comments:	