



## HAZARD/ACCIDENT REPORT

TIME OF INCIDENT/ACCIDENT/HAZARD OBSERVATION		
DATE OF INCIDENT/ACCIDENT/HAZARD OBSERVATION		
AREA – Tick right hand column.	Lobby	
	Main Hall	
	Gents Toilet	
	Ladies Toilet	
	Kitchen	
	Middle Store cupboard	
	End store cupboard	
Entered by: Name and address in middle column, telephone number in right hand column.		
Details of hazard, accident or incident.		
Inspected by & Date		
Corrective action - outline actions to be taken, by whom and by when.		
Sign off that actions have been taken.		

*The last 3 rows are to be completed by the Chairman of the Village Hall Committee.*

Time and Date of Entry: