

Broome

Reported By: _____ Date: _____

- | | | |
|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Unsafe Act | <input type="checkbox"/> Unsafe Condition | <input type="checkbox"/> Suggestion |
| <input type="checkbox"/> Safe Act | <input type="checkbox"/> Environment | |

LOCATION OF OBSERVATION

HAZARD/ OBSERVATION TYPE:

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Work Place Layout / Housekeeping | <input type="checkbox"/> Health and Hygiene | <input type="checkbox"/> Security |
| <input type="checkbox"/> Plant and Equipment | <input type="checkbox"/> Spill | <input type="checkbox"/> Other |
| <input type="checkbox"/> PPE | <input type="checkbox"/> Waste | _____ |
| <input type="checkbox"/> Unsecured Objects | <input type="checkbox"/> Marine Fauna | _____ |
| <input type="checkbox"/> Work Practices | <input type="checkbox"/> Noise | _____ |
| <input type="checkbox"/> Traffic Management | <input type="checkbox"/> Dust | |

DESCRIPTION OF HAZARD / OBSERVATION

ADDITIONAL INFORMATION:

Immediate Action Taken: _____

Suggested Further Action: _____

Reported back to individual who raised card:

Date:...../...../..... Name:.....