

Logo	Hazard Observation & Report Form (HORF)		Doc Ref #: XYZ/IMS/QHSE/F/00 Issue Date: DD-MM-YYYY Rev #: 00 Page 1 of 2
	QHSE Forms		
	Organization Name		

HORF. Ref. #		Site & Location	
Observed By		Reported To	
Date & Time		Hazard Type	

What was the hazard observed by the employee at the worksite?

Hazard Description			
Suggestive Controls			
Involved Equipment		Involved Employees	
Case Status			
Pending		In Process	Closed

Observer	HSE Department
Name:	Name:
Designation:	Designation:
Signature:	Signature:

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