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Appendix 1

Hazard Report Form

All hazards must be isolated or controlled, if possible, and immediately reported to a supervisor.
Supervisor to complete shaded sections.

Name:	Date:
Location (Building, Room, Area):	
Equipment:	
Priori.48 rr965181 re f 65.28 537.24 467.041 0.481 re f 532.32 530 1 Tf -0.004 Tc 0.M2	

