

PROJECT [Type Proj No. and tab to next field Project Name enters automatically

CDM REPORT REF [CDM Report ref DATE [

Hazard Identification	
Identified during:	
Feasibility <input checked="" type="checkbox"/>	Concept <input type="checkbox"/> Scheme <input type="checkbox"/> Detail design <input type="checkbox"/> Design changes during construction <input type="checkbox"/>
Description of hazard or site operation:	
Type description	
Comments / associated hazards:	
Type comments	

Risk reduction		
State why the hazard could not be designed out:		
Type comments		
Proposed action to reduce risk:	Action taken by:	Date
Type comments	Name	
Information necessary for contractor / designer to manage residual risk:		
Type comments		
Information necessary for occupier to manage residual risk:		
Type comments		

Issue history

<i>Revision:</i> Revision No.	<i>Edit time /date:</i> Type date of latest revision	<i>Status / revisions:</i> Status / revs	<i>Issue date:</i>
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Prepared by:
Prepared by

Checked by:
Checked by

Copied to:
Copied to

Date: