|  |  |
| --- | --- |
| **CONFIDENTIAL** (WHEN FILLED IN) All underlined fields must always be filled in  | **Hazard Registration Form**   |
| **SEQUENTIAL NUMBER HRF (BY SM):**  |  |
| Date:  |   |
| Version number  |   |

|  |
| --- |
| **Date of identified Time Location** **hazard**  |
| dd/mm/yyyy  | Local time: UTC:  |   |

|  |
| --- |
| **Brief description of the identified hazard**  |
| ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TO YOUR KNOWLEDGE HAS THIS HAZARD PREVIOUSLY CAUSED AN INCIDENT?**  |  | **NO**  |  |  **YES, EXPLANATION:**  |
| ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  |

|  |
| --- |
| **Possible consequences when nothing is done about this**  |
| ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  |

|  |
| --- |
| **Your proposal for measures which could be taken**  |
| ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  |

|  |  |
| --- | --- |
| **DETAILS OF THE REPORTING PARTY (NOT COMPULSORY!)**  |  |
| NAME AND SIGNATURE:  | TELEPHONE NUMBER / E-MAIL: | DATE OF REPORT: |

|  |  |
| --- | --- |
| **VERTROUWELIJK** (WANNEER INGEVULD) Alle onderstreepte velden dienen altijd ingevuld te worden  | **Gevarenregistratieformulier**   |
| **VOLGNUMMER GRF (DOOR VM):**  |  |
| Datum:  |   |
| Versie nummer  |   |

|  |  |  |
| --- | --- | --- |
| **Datum** **geïdentificeerde gevaar**  |  **Tijd**  |  **Locatie**  |
| dd/mm/jjjj  | Local time: UTC:  |   |

|  |
| --- |
| **Korte omschrijving van het geïdentificeerde gevaar**  |
| ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HEEFT DIT GEVAAR BIJ UW WETEN AL EERDER EEN VOORVAL VEROORZAAKT?**  |  | **NEE**  |  |  **JA, TOELICHTING:**  |
| ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  |

|  |
| --- |
| **Mogelijke gevolgen wanneer hier niets aan gedaan wordt**  |
| ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  |

|  |
| --- |
| **Uw voorstel van maatregelen die eventueel genomen zouden kunnen worden**  |
| ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  |

|  |  |  |
| --- | --- | --- |
| **GEGENS VAN DE MELDER (NIET VERPLICHT!)**  |  |  |
| NAAM EN HANDTEKENING:  | TELEFOONNUMMER / EMAIL: | DATUM GEMELD: |