|  |  |  |  |
| --- | --- | --- | --- |
| **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: |  |

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| --- |
| **Brief description of the identified hazard** |
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| **TO YOUR KNOWLEDGE HAS THIS HAZARD PREVIOUSLY CAUSED AN INCIDENT?** |  | **NO** |  | **YES, EXPLANATION:** |
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| **Possible consequences when nothing is done about this** |
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| **Your proposal for measures which could be taken** |
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| **DETAILS OF THE REPORTING PARTY (NOT COMPULSORY!)** | |  |
| NAME AND SIGNATURE: | TELEPHONE NUMBER / E-MAIL: | DATE OF REPORT: |

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| **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: |  |

|  |
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| **Korte omschrijving van het geïdentificeerde gevaar** |
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| **HEEFT DIT GEVAAR BIJ UW WETEN AL EERDER EEN VOORVAL VEROORZAAKT?** |  | **NEE** |  | **JA, TOELICHTING:** |
| -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------  ---------------------------------------------------------------------------------------  ---------------------------------------------------------------------------------------  ---------------------------------------------------------------------------------------  ---------------------------------------------------------------------------------------  ---------------------------------------------------------------------------------------  ---------------------------------------------------------------------------------------  ---------------------------------------------------------------------------------------  ------------------------------------------- | | | | |

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| **Mogelijke gevolgen wanneer hier niets aan gedaan wordt** |
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| **Uw voorstel van maatregelen die eventueel genomen zouden kunnen worden** |
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| **GEGENS VAN DE MELDER (NIET VERPLICHT!)** |  |  |
| NAAM EN HANDTEKENING: | TELEFOONNUMMER / EMAIL: | DATUM GEMELD: |