



ADVANCED EXPLORATIONS INC.

HAZARD REPORT FORM

Date: _____

Person Reporting the Hazard:

Name: _____

Location: _____

Nature of the Hazard:

Suggestion to correct the hazard / Action(s) taken to correct the hazard:

Signature: _____

Date: _____

This section to be completed by Management:

Supervisor's Name: _____

Date: _____

Comments:

If required:

Manager's Name: _____

Date: _____

Comments:

Corrective Action (target dates to be indicated):

To be completed by: _____

Completion Date: _____

Authorization of Corrective Action:

Name: _____

Position: _____

Signature: _____

Date: _____