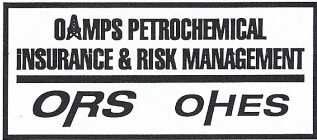


Annex O:

HAZARDGRAM

Must be completed for all Unsafe Delivery occurrences

HAZARDGRAM					
Date:	Customer Name:	Account No:			
Address:					
Driver raising report:		Depot:			
HSE issues (✓ tick appropriate box)					
Site access	<input type="checkbox"/>	Offset fill	<input type="checkbox"/>	Unsafe access at height	<input type="checkbox"/>
Tank access	<input type="checkbox"/>	Tank bunding	<input type="checkbox"/>	Lighting	<input type="checkbox"/>
Tank condition	<input type="checkbox"/>	Overfill close-off/alarm	<input type="checkbox"/>	Blind fill	<input type="checkbox"/>
Tank gauge	<input type="checkbox"/>	Tank labelling	<input type="checkbox"/>	Other	<input type="checkbox"/>
Description of Defect:					
Has delivery been made: Yes <input type="checkbox"/> No <input type="checkbox"/> Part <input type="checkbox"/> If NO who was advised? Customer <input type="checkbox"/> Depot <input type="checkbox"/> Other <input type="checkbox"/>					
Action taken if any:					
Sketch here/Driver recommendations					
For Depot Use					
Incident Report No:					
Depot Supervisor:					
Date:					
Signed:					
			Your Training Provider		
					
Top Copy - Depot			2nd Copy - Customer		3rd Copy - Driver