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| **Hazard Report Form** |

This form is for reporting hazards, complete this form if you notice a hazardous situation. Rectify the hazard immediately if you can do so and report what action you have taken. If unable to rectify the hazard, state what action you recommend and give this report to \_\_\_\_\_\_\_\_\_\_.

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| 1. **Details of person reporting hazard** | |
| First Name: | Surname: |
| Location: | |
| Position: | Phone (M) |

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| Employee | Contractor/Volunteer | Visitor |

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| 1. **Identify the hazard** | | |
| Date hazard identified: | Time hazard identified: | am / pm |
| Location of hazard – if external give the nearest room: | | |
| Describe the hazard: | | |
| Why/how is it a hazard: | | |

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| 1. **Assess the risk** |

The risk rating is based on the combination of likelihood, consequence, and amount of exposure to a hazard.

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| Risk Assessment Matrix | | | | |
| How serious could the injury be? | How likely is it to be that serious? | | | |
| Very Likely | Likely | Unlikely | Very Unlikely |
| Death or permanent disability | 1 | 1 | 2 | 3 |
| Long term illness or serious injury | 1 | 2 | 3 | 4 |
| Medical attention and several days off | 2 | 3 | 4 | 5 |
| First aid needed | 3 | 4 | 5 | 6 |

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| **Severity** – is a measure of an injury, illness, incidents or disease occurring. When assessing severity, the most severe category that would be most reasonably expected should be selected. | | **Likelihood** – is defined as the potential that an accident will happen that may cause injury or harm to a person. When making assessment of likelihood, you must establish which of the categories most closely describes the probability of the hazardous incident occurring. |
| **Consequences Table** | | |
| 1 and 2  3 and 4  5 and 6 | Extreme risk: consider elimination of the activity. Otherwise determine controls that are reasonably practicable to minimise risk.  Moderate risk: determine controls that are reasonably practicable to minimise the risk.  Low risk; manage by routine procedures. | |

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| 1. Corrective Action Plan - How do you recommend hazard is controlled? | | |
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| Please use the Hierarchy of Controls to complete this corrective action plan, give priority to the hazard being eliminated.  1. Eliminate 2. Substitute 3. Engineering Control 4. Administrative Control 5. Personal Protective Equipment | | |
| Actions recommended to be taken | By Whom | By When |
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| Consultation with work colleagues, management and other affected parties will assist in identifying effective controls. Do not identify a person to action an item unless you have spoken with them. | | |

Manager/Supervisor to Complete:

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| 1. Have the control measures been implemented? | | | | |
| YES | Date: | | NO | |
| Provide comments on action taken to remedy the hazard or proposed actions  Signature: | | | | |
| Email Hazard Report form to: | 1. WHS Reps  2. Line Manager | Date Sent: | |  |

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| WHS Rep Comments | | | | |
| Provide comments on action to remedy the hazard or proposed actions  Signature: | | | | |
| WHS Compliance Comments | | | | |
| Provide comments on action to remedy the hazard or proposed actions  Signature: | | | | |
| Is referral to senior management required? | Yes | No | Date Referred: | To Whom: |