

**HAZARD REPORT FORM**

Department/ Section	Hazard Location:	Date:				
Reported By:	Reported To:					
Task/Activity:						
Machinery/Tool/Equipment/ Substance: (if applicable)						
<b>List any hazard or potential risk to personnel, environment, equipment or property</b>						
<b>Hazard Identification</b>	<b>What is the Hazard?</b> Example: Broken Machine Guard	<b>Why is it a Hazard? What could have happened?</b> Example: Could result in lacerated or amputated fingers / hands.				
<b>What is the potential risk of the Hazard?</b>						
<b>Risk Assessment</b>	<b>Risk Assessment Steps:</b> 1) <i>CONSEQUENCES: How severely could the Hazard injure or cause illness</i> 2) <b>LIKELIHOOD:</b> How likely is the consequence (in step 1) going to happen 3) <b>FIND THE RISK PRIORITY NUMBER</b> at the intersection of the selected consequence & likelihood  <b>Risk Priority</b> Priority 1 - Highest priority Priority 2 - ..... Priority 3 - ..... Priority 4 - .....		<b>Risk Assessment Matrix</b> ( to determine Risk Priority)			
			<b>Step 1) CONSEQUENCE/S</b> How severely could someone be injured?			
			<b>Step 2) LIKELIHOOD</b> How likely is the consequence going to happen?	<b>Death or Disability</b>	<b>Long term illness/ serious Injury</b>	<b>Lost time injury/ First Aid</b>
			Extremely High: - Very likely to happen	<b>1</b>	<b>2</b>	<b>3</b>
			High: - Likely to happen	<b>2</b>	<b>3</b>	<b>4</b>
			Medium: -May happen sometime	<b>3</b>	<b>4</b>	<b>5</b>

Priority 5 - ..... Priority 6 – Lowest priority	Low: - Unlikely to happen	4	5	6	
<b>What should be done to eliminate or control the risk?</b>					
<b>Risk Control</b>	<b>Proposed Solution/s</b> (Include both short & Long term solutions)	<b>Who</b>	<b>When</b>	<b>Effective?</b>	
				<b>Initials</b>	<b>Date</b>
<b>Control Measure is appropriate: (immediate Manager) Y/N/?</b>			Date:		
<b>Control Measure is effective: (immediate Supervisor or Manager) Y/N/?</b>			Date:		
<b>Review date of Control Measure: (immediate Supervisor or Manager to nominate)</b>			Date:		
<b>If control measure is not appropriate or effective immediate Supervisor or Manager to provide further recommendations &amp;/or actions</b>			Date:		
<b>Supervisor/Manager Name: .....</b>		<b>Signature: .....</b>			
<b>Employee Name: .....</b>		<b>Signature: .....</b>			