

HAZARD REPORT FORM

Department/ Section	Hazard Location:	Date:
Reported By:	Reported To:	
Task/Activity:		
Machinery/Tool/Equipment/ Substance: (if applicable)		

List any hazard or potential risk to personnel, environment, equipment or property

	What is the Hazard? Example: Broken Machine Guard	Why is it a Hazard? What could have happened? Example: Could result in lacerated or amputated fingers / hands.
Hazard Identification		

What is the potential risk of the Hazard?

	Risk Assessment Steps:	Risk Assessment Matrix (to determine Risk Priority)			
Risk Assessment	1) CONSEQUENCES: <i>How severely could the Hazard injure or cause illness</i> 2) LIKELIHOOD: How likely is the consequence (in step 1) going to happen 3) FIND THE RISK PRIORITY NUMBER at the intersection of the selected consequence & likelihood Risk Priority Priority 1 - Highest priority Priority 2 - Priority 3 - Priority 4 -	Step 1) CONSEQUENCE/S How severely could someone be injured?			
		Step 2) LIKELIHOOD How likely is the consequence going to happen?	Death or Disability	Long term Illness/ serious Injury	Lost time injury/ First Aid
		Extremely High: - Very likely to happen	1	2	3
		High: - Likely to happen	2	3	4
		Medium: -May happen sometime	3	4	5

	Priority 5 - Priority 6 – Lowest priority	Low: - Unlikely to happen	4	5	6
--	--	---------------------------	---	---	---

What should be done to eliminate or control the risk?

Risk Control	Proposed Solution/s (Include both short & Long term solutions)	Who	When	Effective?	
				Initials	Date

Control Measure is appropriate: (immediate Manager) Y/N/?	Date:
Control Measure is effective: (immediate Supervisor or Manager) Y/N/?	Date:
Review date of Control Measure: (immediate Supervisor or Manager to nominate)	Date:
If control measure is not appropriate or effective immediate Supervisor or Manager to provide further recommendations &/or actions	Date:

Supervisor/Manager Name:	Signature:
Employee Name:	Signature: