

## 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>
	Extremely High:- Very likely to happen	1	2
	High:- Likely to happen	2	3
	Medium:-May happen sometime	3	4

	Priority 5 - .....	Low:- Unlikely to happen	4	5	6
	Priority 6 – Lowest priority				
<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>				<b>Date:</b>	
<b>Control Measure is effective: (immediate Supervisor or Manager) Y/N/?</b>				<b>Date:</b>	
<b>Review date of Control Measure: (immediate Supervisor or Manager to nominate)</b>				<b>Date:</b>	
<b>If control measure is not appropriate or effective immediate Supervisor or Manager to provide further recommendations &amp;/or actions</b>				<b>Date:</b>	
<b>Supervisor/Manager Name: .....</b>		<b>Signature: .....</b>			
<b>Employee Name: .....</b>		<b>Signature: .....</b>			