

### 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 - .....	<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>

Priority 4 - .....  Priority 5 - ..... Priority 6 – Lowest priority	High: - Likely to happen	2	3	4
	Medium: -May happen sometime	3	4	5
	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: .....	