



Hazard Report Form

This form is for reporting hazards, complete this form if you notice a hazardous situation. Rectify the hazard immediately if you are able to 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.

1. Details of person reporting hazard			
First Name:		Family Name:	
Centre/Program:			
Position:		Phone (w):	Phone (h or m):
Supervisor/Manager:			
- Employee		- Contractor /Volunteer	
- Visitor		- Agency Casual	
2. Identify the hazard			
Date hazard identified:		Time hazard identified:	am/pm
Location of hazard – if external give the nearest Room:			
Level:	Room:	Playground:	
Other:			
Describe the Hazard:			
Why/How is it a Hazard:			

3. Assess the Risk

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

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

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.
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Consequences Table



1 and 2 Extreme risk; consider elimination of the activity. Otherwise determine controls that are reasonably practicable to minimise the risk.
3 and 4 Moderate risk; determine controls that are reasonably practicable to minimise the risk.
5 and 6 Low risk; manage by routine procedures.

4. Corrective Action Plan – How do you recommend the hazard is controlled?

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

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:

5. Have the control measures been implemented?

- YES Date: - NO
Provide comments on action taken to remedy the hazard; or proposed actions

Signature:

Fax/email hazard report form to :	1. Compliance Manager 2. CEO (if applicable)	Date sent:	
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H&S Committee Comments

Provide comments on action taken to remedy the hazard or proposed actions

<Compliance Manager> Comments

Provide comments on action taken to remedy the hazard or proposed actions

Signature:

Is referral to senior management required?	- Yes - No	Date Referred:	To whom:
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Office Use only:

<CEO> Follow Up



Has the hazard been controlled effectively? What if any follow up action is required?	
Is a follow up risk assessment required?	- Yes - No If Yes: - 3 - 6 - 12 months
Is entry onto the site Risk Register required?	- Yes - No
Actioned by:	Date: