**HAZARD REPORT FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| REPORTED BY (NAME) | | | | | JOB TITLE | | | | | | | | | DATE | | | | | | | TIME | | |
|  | | | | |  | | | | | | | | |  | | | | | | | AM/PM | | |
| IDENTIFY THE HAZARD AND REPORT – MAKE THE AREA SAFE BEFORE REPORTING | | | | | | | | | | | | | | | | | | | | | | | |
| Specific location of the hazard:  *e.g. 3rd floor - cupboard next to stairwell* | | | | |  | | | | | | | | | | | | | | | | | | |
| Describe the Hazard – what do you see? | | | | |  | | | | | | | | | | | | | | | | | | |
| ASSESS THE RISK. *Refer to Risk Matrix. Enter results of risk evaluation below.* | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Risk Assessment Matrix | | | | LIKELIHOOD | | | | | | Rare | Unlikely | Possible | Probable | Almost Certain | | A | B | C | D | E | | CONSEQUENCES | Catastrophic | 5 | Medium 11 | | Medium 16 | High 20 | High 23 | High 25 | | Major | 4 | Low 7 | | Medium 12 | Medium 17 | High 21 | High 24 | | Moderate | 3 | Low 4 | | Low 8 | Medium 13 | Medium 18 | High 22 | | Minor | 2 | Low 2 | | Low 5 | Low 9 | Medium 14 | Medium 19 | | Insignificant | 1 | Low 1 | | Low 3 | Low 6 | Low 10 | Medium 15 | | | | | | | | | | | | | | | | | | | | | | | | |
| Likelihood  (A-E) | | | | Consequence  (1-5) | | | | | | | | Risk Score  (1-25) | | | | | Risk Level  (H-M-L) | | | | | | |
|  | | | |  | | | | | | | |  | | | | |  | | | | | | |
| CONTROL THE RISK. *Use the hierarchy of controls. Tick the type of control(s) used to address the hazard.* | | | | | | | | | | | | | | | | | | | | | | | |
|  | Elimination |  | Substitution | |  | Isolation | | |  | | Engineering | | | |  | Administration | |  | Personal Protective Equipment (PPE) | | | | |
| Have you consulted with relevant workers about proposed corrective action? | | | | | | | | | | | | | | | | | |  | Yes | | |  | No |
| CORRECTIVE ACTION. *Complete action plan below to implement the required improvements.* | | | | | | | | | | | | | | | | | | | | | | | |
| List the corrective actions | | | | | | | Priority | | | | | | By Whom | | | | | | | By When | | | |
| H | M | | L | | |
| 1. | | | | | | |  |  | |  | | |  | | | | | | |  | | | |
| 2. | | | | | | |  |  | |  | | |  | | | | | | |  | | | |

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| RESIDUAL RISK. *With the above actions in place, reassess the risk using the Risk Matrix to determine the resulting risk score & level (Residual Risk). Note results below.* | | | | | | | | | | | | | | |
|  | Likelihood (A-E) | |  | Consequence (1-5) | | |  | Risk Score (1-25) | | |  | Risk Rating (H,M,L) | | |
| SIGN OFF. | | | | | | | | | | | | | | |
| I take responsibility for ensuring all permanent corrective actions are completed and followed up to review effectiveness in preventing recurrence. | | | | | | | | | | | | | | |
| OFFICER / MANAGER /  SUPERVISOR: | |  | | | | | | | | | | | | |
|  | | |  |  | | |  |  | | |  | / / |
| Name | | |  | Job Title | | |  | Signature | | |  | Date |