**HAZARD REPORT FORM**

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| 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.* |
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| 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 |