



HAZARD REPORT FORM

Department/ Section		Hazard Location:		Date:
Reported By:		Reported To:		
Task/Activity:				
Machinery/Tool/Equipment/ Substance: (if applicable)				
List any hazard or potential risk to personnel, environment, equipment or property				
Hazard Identification	What is the Hazard? Example: Broken Machine Guard		Why is it a Hazard? What could have happened? Example: Could result in lacerated or amputated fingers / hands.	
What is the potential risk of the Hazard?				
Risk Assessment	Risk Assessment Steps:		Risk Assessment Matrix (to determine Risk Priority)	
	1) <i>CONSEQUENCES: How severely could the Hazard injure or cause illness</i>			
	2) LIKELIHOOD: How likely is the consequence (in step 1) going to happen		Step 1) CONSEQUENCE/S How severely could someone be injured?	
	3) FIND THE RISK PRIORITY NUMBER at the intersection of the selected consequence & likelihood		Death or Disability	
Risk Priority		Long term Illness/ serious Injury		Lost time injury/ First Aid
Priority 1 - Highest priority		How likely is the consequence going to happen?		
Priority 2 -		Extremely High:-		1
Priority 3 -		Very likely to happen		2
				3



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

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: _____

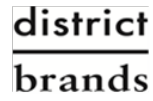
If control measure is not appropriate or effective immediate Supervisor or Manager to provide further recommendations &/or actions Date: _____

Supervisor/Manager Name:

Signature:

Employee Name:

Signature:



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