

HAZARD REPORT FORM

THIS SECTION TO BE COMPLETED BY THE REPORTER OF THE HAZARD

Date:

Time:

Where is the hazard located?

What is the hazard?

What is the risk and who is at risk?

What action was taken?

Further recommendations:

Reported by:

Referred to:
(Workplace manager or delegate)

Risk Assessment Matrix				
<i>How serious could the injury be?</i>	<i>How likely is it to be that serious</i>			
	Very Likely	Likely	Unlikely	Very Unlikely
Death or permanent injury	1	1	2	3
Long term illness or injury	1	2	3	4
Medical attention & several days off	2	3	4	5
First aid needed	3	4	5	6
Severity – is how seriously a person could be harmed		Likelihood – is an estimate of how probable it is for the hazard to cause harm.		
Legend (as a guide only)				
1 Extreme risk; action to rectify the hazard should commence immediately				
2 High risk; action to rectify the hazard should occur within 48 hours				
3 Medium risk, action to rectify hazard should occur within 7 days				
4 Low risk; action to rectify hazard should occur within 14 days				
5 & 6 Minimal risk, action to rectify hazard should occur within 21 days				

THIS SECTION TO BE COMPLETED BY THE WORKPLACE MANAGER OR SUPERVISOR

Corrective action: *completed* *incomplete*

Interim/ short term control(s) required:

Long term control(s) required:

Workplace managers' signature: _____

Date: _____

If further consultation and risk assessment is required please complete a risk management plan.