

## 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	<b>Risk Assessment Steps:</b> 1) <i>CONSEQUENCES: How severely could the Hazard injure or cause illness</i> 2) <b>LIKELIHOOD:</b> How likely is the consequence (in step 1) going to happen 3) <b>FIND THE RISK PRIORITY NUMBER</b> at the intersection of the selected consequence & likelihood  <b>Risk Priority</b> Priority 1 - Highest priority Priority 2 - ..... Priority 3 - ..... Priority 4 - .....	<b>Risk Assessment Matrix</b> ( to determine Risk Priority)			
		Step 1) CONSEQUENCE/S How severely could someone be injured?			
		Step 2) LIKELIHOOD How likely is the consequence going to happen?	Death or Disability	Long term Illness/ serious Injury	Lost time injury/ First Aid
		Extremely High: - Very likely to happen	1	2	3
		High: - Likely to happen	2	3	4

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