



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: 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 3) FIND THE RISK PRIORITY NUMBER at the intersection of the selected consequence & likelihood Risk Priority Priority 1 - Highest priority Priority 2 - Priority 3 - Priority 4 -		Risk Assessment Matrix (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:-	1	2	3
			Very likely to happen	2	3	4
		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: