



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>	<table border="1"> <thead> <tr> <th colspan="3">Step 1) CONSEQUENCE/S How severely could someone be injured?</th> </tr> <tr> <th>Death or Disability</th> <th>Long term Illness/ serious Injury</th> <th>Lost time injury/ First Aid</th> </tr> </thead> <tbody> <tr> <td>Extremely High:- Very likely to happen</td> <td style="background-color: red; color: white; text-align: center;">1</td> <td style="background-color: red; color: white; text-align: center;">2</td> <td style="background-color: orange; color: white; text-align: center;">3</td> </tr> <tr> <td>High:- Likely to happen</td> <td style="background-color: red; color: white; text-align: center;">2</td> <td style="background-color: orange; color: white; text-align: center;">3</td> <td style="background-color: yellow; color: black; text-align: center;">4</td> </tr> </tbody> </table>			Step 1) CONSEQUENCE/S How severely could someone be injured?			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
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High:- Likely to happen	2	3	4															
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 -	Step 2) LIKELIHOOD How likely is the consequence going to happen?																	



	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:



Document Title: Hazard Report Form			Authorised by: Malcolm Jacobs	
Document #: WHS005	Version #: 1	Issue Date: 6/4/2020	Revision Date: 6/4/2021	Page 3 of 3