

Hazard Report Form

This form is for reporting hazards, complete this form if you notice a hazardous situation. Rectify the hazard immediately if you are able to do so and report what action you have taken. If unable to rectify the hazard, state what action you recommend and hand this report to OH & S Coordinator at the Morwell Office or email to: ohs@headwaygippsland.org.au

Details of Person Reporting Hazard				
First Name:		Family Name:		
Position				
Contact Number:				
Location				
Identify Hazard				
Address of Hazard:				
Date Hazard Identified:		Time Hazard Identi	ified:	
Location of Hazard:				
Describe Hazard:				
Why/How is it a Hazard:				



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Assess the Risk

The risk rating of a hazard is based on the combination of likelihood, consequence and amount of exposure to a hazard.

Risk Assessment Matrix					
How serious could the injury be?	How likely is it to be that serious?				
	Very Likely	Likely	Unlikely	Very Unlikely	
Death or permanent disability	1	1	2	3	
Long term illness or serious injury	1	2	3	4	
Medical attention and several days off	2	3	4	5	
First aid needed	3	4	5	6	

Severity – is a measure of an injury, illness, incidents, or disease occurring. When assessing severity, the most severe category that would be most reasonably expected should be selected.

Likelihood – is defined as the potential that an accident will happen that may cause injury or harm to a person. When making assessment of likelihood, you must establish which of the categories most closely describes the probability of the hazardous incident occurring

Consequences Table

- 1 and 2 Extreme risk; consider elimination of the activity. Otherwise determine controls that are reasonably practicable to minimise the risk.
- 3 and 4 Moderate risk; determine controls that are reasonably practicable to minimise the risk.
- 5 and 6 Low risk; manage by routine procedures

Corrective Action Plan – How do you recommend the hazard is controlled?				
Actions recommended to be taken	By Whom	By When		



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OH & S Coordinator to Complete	
Have the control measures been implement	ted? Provide comments on action taken to
remedy the hazard; or proposed actions	
□Yes Date: □No	
OH & S Coordinator Name:	Signature:
Is referral to senior management required?	□Yes □No
Date Referred:	To Whom:
Office use only	
Manager Follow up	
Has the hazard been controlled effectively? W	
Is a follow up risk assessment required?	□Yes □No if yes when?
Is entry into risk Register required?	□Yes □No
Actioned by:	Date