

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) CONSEQUENCES: How severely could the Hazard injure or cause illness 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 -	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:- Very likely to happen	1	2	3

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Priority 3 -	High:- Likely to happen	2	3	4	
Priority 4 -					
Priority 5 -		Medium:- May happen sometime	3	4	5
Priority 6 – Lowest priority					
	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:

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