HAZARD REPORT FORM

|  |  |
| --- | --- |
| Location of hazard: Hazard Category:  *(Select from Hazard Category List on reverse)* | Date: Time:  |
| Hazard Identified by: Name: |
| DESCRIPTION OF HAZARD/S: | RISK MATRIX – circle overall risk rating. |
| *Please include -Where, When, What, Why & How?* *………………………………………………………………...**………………………………………………………………...**………………………………………………………………...**………………………………………………………………..**………………………………………………………………...**………………………………………………………………...**………………………………………………………………..**………………………………………………………………...**…………………………………………………………………* |  |

*Risk Assessment completed: (form 14c) Yes 🗌*  *Ref No:……. Documented Risk Assessment not required 🗌 No*

|  |
| --- |
| IMMEDIATE CORRECTIVE ACTION TAKEN TO MANAGE THE HAZARD.  |
|     |
| PROPOSED LONG TERM CONTROLS: *1) ELIMINATION, 2) SUBSTITUTE, 3) ENGINEER, 4) ADMINISTRATION, 5) PPE*. |
|     |
| FOLLOW UP REQUIREDMaintenance request required 🞎 Yes 🞎 No - Ref No or date \_\_\_\_\_\_\_\_\_Hazard Register/Electronic Database updated 🞎 Yes 🞎 No OHS Committee/Coordinator/Health and Safety Representative 🞎 Yes 🞎 NoInformation disseminated to relevant personnel*(include person/s who indentified hazard)* 🞎 Yes 🞎 No  |
| SIGN-OFFPerson reporting: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: OHS Committee/Coordinator/Health and Safety Representative:Name: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Manager/Supervisor: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  |

HAZARD/RISK CATEGORY LIST

To be used as a guide only.

|  |  |  |  |
| --- | --- | --- | --- |
| Air Quality – dust, fumes, air conditioning, ventilation | 🞎 | Animal handling | 🞎 |
| Asbestos | 🞎 | Bomb threat | 🞎 |
| Building defect – material falling from facade, ceiling collapse | 🞎 | Confined spaces (area is not intended or designed primarily as a workplace) | 🞎 |
| Construction | 🞎 | Dangerous goods (transporting) | 🞎 |
| Demolition | 🞎 | Electricity | 🞎 |
| Ergonomic hazard –work station setup, human/machine interface | 🞎 | Exposure to biological substances | 🞎 |
| Exposure to extreme temperature – hot or cold | 🞎 | Fall hazard – working at height, working in a trench | 🞎 |
| Fire/explosion | 🞎 | Gas leak | 🞎 |
| Hazardous Chemcals / Chemical exposure | 🞎 | Housekeeping | 🞎 |
| Hot work - welding, grinding | 🞎 | Inadequate machine guarding | 🞎 |
| Infectious or communicable disease | 🞎 | Maintenance (lack of) | 🞎 |
| Hazardous Manual Tasks - awkward movements, repetitive work | 🞎 | Noise | 🞎 |
| Plant & Equipment | 🞎 | Poor lighting – inadequate or extreme | 🞎 |
| Psychological issues – work load, violence, aggression, harassment, bullying | 🞎 | Radiation | 🞎 |
| Security  | 🞎 | Sharps – needles, broken glass | 🞎 |
| Slips, trips or fall | 🞎 | Traffic/vehicle movement | 🞎 |
| Travel – motor vehicle, isolated work | 🞎 | Working hours - fatigue | 🞎 |
| Other: |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |