



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>		Step 1) CONSEQUENCE/S How severely could someone be injured?													
	2) LIKELIHOOD: How likely is the consequence (in step 1) going to happen		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">Death or Disability</td> <td style="width: 25%;">Long term illness/ serious Injury</td> <td style="width: 25%;">Lost time injury/ First Aid</td> </tr> <tr> <td style="background-color: red; color: white;">1</td> <td style="background-color: red; color: white;">2</td> <td style="background-color: orange; color: white;">3</td> </tr> <tr> <td style="background-color: red; color: white;">2</td> <td style="background-color: orange; color: white;">3</td> <td style="background-color: yellow; color: black;">4</td> </tr> <tr> <td style="background-color: orange; color: white;">3</td> <td style="background-color: yellow; color: black;">4</td> <td style="background-color: lightyellow; color: black;">5</td> </tr> </table>		Death or Disability	Long term illness/ serious Injury	Lost time injury/ First Aid	1	2	3	2	3	4	3	4	5
	Death or Disability	Long term illness/ serious Injury			Lost time injury/ First Aid											
	1	2	3													
	2	3	4													
3	4	5														
3) FIND THE RISK PRIORITY NUMBER at the intersection of the selected consequence & likelihood		Step 2) LIKELIHOOD How likely is the consequence going to happen?														
Risk Priority		Extremely High: - Very likely to happen														
Priority 1 - Highest priority		High: - Likely to happen														
Priority 2 -		Medium: -May happen sometime														
Priority 3 -																
Priority 4 -																



	Priority 5 - Priority 6 – Lowest priority	Low: - Unlikely to happen	4	5	6
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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: