



Hazard report form

Work Health and Safety Directorate

THIS SECTION TO BE COMPLETED BY THE REPORTER OF THE HAZARD

Date: _____ Time: _____

Where is the hazard located?

What is the hazard?

What is the risk and who is at risk?

What action was taken?

Further recommendations:

Reported by: _____ Referred to: _____
(Workplace manager or delegate)

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 injury	1	1	2	3
Long term illness or injury	1	2	3	4
Medical attention & several days off	2	3	4	5
First aid needed	3	4	5	6

Severity – is how seriously a person could be harmed

Likelihood – is an estimate of how probable it is for the hazard to cause harm.

- Legend (as a guide only)**
- 1 Extreme risk; action to rectify the hazard should commence immediately
 - 2 High risk; action to rectify the hazard should occur within 48 hours
 - 3 Medium risk, action to rectify hazard should occur within 7 days
 - 4 Low risk; action to rectify hazard should occur within 14 days
 - 5 & 6 Minimal risk, action to rectify hazard should occur within 21 days

THIS SECTION TO BE COMPLETED BY THE WORKPLACE MANAGER OR SUPERVISOR

Corrective action: completed incomplete

Interim/ short term control(s) required:

Long term control(s) required:

Workplace managers' signature

Date

If further consultation and risk assessment is required please complete a risk management plan.