

Hazard Report Form

Reported By:	Reported to:
	Date & Time: / / at : AM / PM

List any hazard or potential risk to workers, environments, equipment or property	
What and where is the hazard?	Why is it a hazard? What injury could it cause?

Circle the appropriate Risk Rating below:

Risk Matrix		LIKELIHOOD				
		Almost Certain (90-99%)	Likely (70-89%)	Possible (30-69%)	Unlikely (10-29%)	Rare (1-9%)
CONSEQUENCE	Severe	Extreme	Extreme	High	High	Medium
	Major	Extreme	High	High	Medium	Medium
	Moderate	High	High	Medium	Medium	Low
	Minor	Medium	Medium	Medium	Low	Low
	Negligible	Medium	Low	Low	Low	Low

How do you recommend that this hazard be fixed?

THE FOLLOWING SECTION IS TO BE COMPLETED BY A \${Leader}

Action to be taken (Use the Hierarchy of Controls)	Who is Responsible?	By What Date?	Date Finalised

THE FOLLOWING SECTION IS TO BE COMPLETED AFTER THE ABOVE HAS BEEN IMPLEMENTED

Monitor and Review	<input checked="" type="checkbox"/> New Risk Rating	Close out and document control checklist	
Risk Rating after controls implemented?	High		
Reviewed on: / /	Medium	Report filed in appropriate location	
	Low	Hazard Reviewed at staff meeting held on / /	
Who by?	Eliminated	Feedback given to reporting person	
Were the implemented controls effective? (If 'No', a JSA/\${SWP} is required) - Circle			Yes No