

## HAZARD REPORT FORM

**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)

<b>Risk Assessment Matrix</b>				
<i>How serious could the injury be?</i>	<i>How likely is it to be that serious</i>			
	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
<b>Severity</b> – is how seriously a person could be harmed		<b>Likelihood</b> – is an estimate of how probable it is for the hazard to cause harm.		
<b>Legend (as a guide only)</b>				
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.*