

Hazard Report Form



Yellow Footed Rock Wallaby Preservation Association Inc
PO Box 376, Campbelltown SA 5074

Report No:

Section A: Hazard Report Details

1. PERSON REPORTING HAZARD DETAILS

Given Name:	Position Title:	<input type="checkbox"/> Employee <input type="checkbox"/> Work Experience <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor
Family Name:	Department:	
Contact Details: Ext: Mobile:		

2. DETAILS OF HAZARD

Has this Hazard already caused an incident/accident? Yes No Don't Know

Location of Hazard:

<p>Description of Hazard: (attach diagram/photograph where appropriate)</p>	
<p>Suggestions to Eliminate or Control Hazard:</p>	



Section B: Hazard Investigation & Control

4. HAZARD INVESTIGATION

Name and Position of Investigating Officer:

Expected Completion Date / /

Investigation Findings (Include any supporting documentation/evidence):

5. RISK ASSESSMENT

Likelihood	Consequence				
	Catastrophic	Critical	Major	Minor	Negligible
Very Likely	1	1	1	2	3
Likely	1	1	1	2	3
Unlikely	2	2	2	3	3

Likelihood	Description
Very Likely	Exposure to the hazard is likely to occur frequently (many times during the performance of the job)
Likely	Some exposure to the hazard is likely to occur but not frequently
Unlikely	Rarely exposed to the hazard or it is unlikely for exposure to occur

Consequence (Severity)	Description
Catastrophic	Hazard may result in death or permanent disabling injury (e.g. Loss of arm, leg or sight).
Critical	Hazard may cause severe injury or permanent or partial loss of one or more bodily functions
Major	Hazard may cause significant property damage or a significant non-permanent injury.
Minor	Hazard may cause minor injury or illness. Minor Medical treatment required.
Negligible	Hazard has very little impact on worker health and safety. May require first aid treatment.

Initial Risk Rating for this Hazard – tick one as appropriate:

High Risk (1)	<input type="checkbox"/>	High level of risk with potentially catastrophic outcome, work is to stop and not resume until controls implemented.
Medium Risk (2)	<input type="checkbox"/>	Timely implemented control(s)/action(s) required to minimise the risk of injury, illness or equipment damage
Low Risk (3)	<input type="checkbox"/>	Work as normal monitoring the situation for any change in risk, if the risk elevates raise to a rating 2

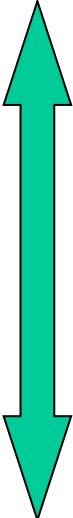
Section C: Hazard Investigation & Control

6. RISK CONTROL(S)

List any immediate actions that have been implemented to control the risk:

What further actions need to be taken to control the risk?

- Use the Hierarchy of Controls (see below) to determine and apply CONTROLS MEASURES.
- The Hierarchy of Controls are a list of control measures, in priority order, that can be used to eliminate or minimise exposure to the hazard.

Risk Control (Please Select One)		Action To Be Taken	By Whom	By When	Date Completed
 <p style="text-align: center;">Most Effective</p> <p style="text-align: center;">Least Effective</p>	Elimination E.g.: Discontinue use of product, equipment, cease work process	<input type="checkbox"/>			
	Substitution E.g.: Replace with a similar item that does the same job but with a lower hazard level	<input type="checkbox"/>			
	Isolation/Engineering controls E.g.: Change the process, equipment or tools so the risk is reduced	<input type="checkbox"/>			
	Administration Controls E.g.: Guidelines, procedures, rosters, training etc to minimise the risk	<input type="checkbox"/>			
	Personal Protective Equipment E.g.: Equipment worn to provide a temporary barrier	<input type="checkbox"/>			

Residual Risk Rating for this incident (after controls have been implemented) – tick Residual Risk Rating as appropriate:

High Risk (1)	<input type="checkbox"/>	High level of risk with potentially catastrophic outcome, work is to cease and not resume until controls implemented.
Medium Risk (2)	<input type="checkbox"/>	Timely implemented control(s)/action(s) required to minimise the risk of injury, illness or equipment damage
Low Risk (3)	<input type="checkbox"/>	Work as normal monitoring the situation for any change in risk, if the risk elevates raise to a rating 2

7. SIGN OFFS

Person who initiated the report (Print Name):	Feedback received and Controls advised Signature:	Date:
HSR (Print Name):	I have been advised of Incident & Controls Signature::	Date:
Coordinator/Team Leader (Print Name):	Team Members advised of Hazard & Controls Signature::	Date:
Manager: (Print Name):	Appropriate Controls Implemented Signature::	Date:
WHS Committee Chair: (Print Name):	Reported to Committee Signature::	Date: