



## Hazard report form

Work Health and Safety Directorate

THIS SECTION TO BE CO	OMPLETED BY THE REPORTER OF THE HA	ZARD				
Date:	Time:	Risk Assessment Matrix				
Where is the hazard located?  What is the hazard?		How serious	How likely is it to be that serious			
		could the injury be?	<b>V</b> ery <b>L</b> ikely	Likely	<b>U</b> nlikely	<b>V</b> ery <b>U</b> nlikely
What is the risk and who is at risk?		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
What action was taken?  Further recommendations:		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)				
		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 within 7 days 4 Low risk; action to rectify hazard within 14 days				nazard shou	uld occur
Reported by:					azard shou	ıld occur
. ,	(Workplace manager or delegate)	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) req	uired:					
Workplace managers' sign	nature					
If further consultation and risk assessment is required please complete a risk management plan.						