

# Hazard Report Form

## Health and Safety Directorate



**THIS SECTION IS 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

| <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   | 5      | 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

An accessible version of this table is available on the [Health and Safety Directorate intranet](#).

# Hazard Report Form



**THIS SECTION IS 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.*

