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?

<table>
<thead>
<tr>
<th>Risk Assessment Matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How serious could the injury be?</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Death or permanent injury</td>
</tr>
<tr>
<td>Long term illness or injury</td>
</tr>
<tr>
<td>Medical attention &amp; several days off</td>
</tr>
<tr>
<td>First aid needed</td>
</tr>
</tbody>
</table>

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

Further recommendations:

Reported by:  

Referred to: (Workplace manager or delegate)

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.