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</th>
<th>Very Likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very Unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death or permanent injury</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Long term illness or injury</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Medical attention &amp; several days off</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>First aid needed</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

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.