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| **Hazard Report Sample 1** |

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| **Part A Person Identifying Hazard** |
| **Name:**  | **Date:** 21 Apr 2014 |
| **Contact Number:**  | **Email:**  |
| **Part B Details of Hazard** |
| **Location:** Kitchen | **Hazard ID:** 1 |
| **Hazard Description:**Emergency exit signs on fire exits do not have emergency lighting. Workers may not find exits in the event of a power failure |
| Has there been any previous incidents or near miss related to the task/activity? ~~Yes~~/No |
| **Part C Risk Assessment** |
| Use the tables on the next page |
| **Step 1** – What is the Likelihood: **Rare** |
| **Step 2** – What are the Consequences: **Disaster** |
| **Step 3** – Using the Risk Assessment Matrix What is the RISK LEVEL **MODERATE** |
| **Part D Corrective Action** |
| **Control** | **Action taken/recommended** | **By whom** | **When (date)** |
| 1. Elimination
 | Install emergency exit lighting | Electrical contractor | 24 Apr 2014 |
| 1. Substitution
 |  |  |  |
| 1. Isolation
 |  |  |  |
| 1. Engineering
 |  |  |  |
| 1. Administration
 |  |  |  |
| 1. PPE
 |  |  |  |
| **Signature:** | **Date:** |
| **Part E Monitoring & Review** |
| Have the chosen control measures been implemented as planned? Yes/No | Comment: |
| Are the chosen control measures working as intended? Yes/No |
| Have the chosen control measures introduced any new problems? Yes/No |

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| **Hazard Report Sample 2** |

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| **Part A Person Identifying Hazard** |
| **Name:**  | **Date:** 21 Apr 2014 |
| **Contact Number:**  | **Email:**  |
| **Part B Details of Hazard** |
| **Location:** Kitchen | **Hazard ID:** 2 |
| **Hazard Description:**20 Ltr drums of cleaning liquid used by workers when cleaning. Possible MSD from handling drums |
| Has there been any previous incidents or near miss related to the task/activity? ~~Yes~~/No |
| **Part C Risk Assessment** |
| Use the tables on the next page |
| **Step 1** – What is the Likelihood: **Almost certain** |
| **Step 2** – What are the Consequences: **Significant** |
| **Step 3** – Using the Risk Assessment Matrix What is the RISK LEVEL **HIGH** |
| **Part D Corrective Action** |
| **Control** | **Action taken/recommended** | **By whom** | **When (date)** |
| 1. Elimination
 |  |  |  |
| 1. Substitution
 | Decant cleaning liquid into 1 or 2 Ltr containers | Maintenance | 24 Apr 2014 |
| 1. Isolation
 |  |  |  |
| 1. Engineering
 |  |  |  |
| 1. Administration
 | Create labels (that comply to Labeling of workplace hazardous chemicals CoP) and apply to containers | Safety Coordinator | 24 Apr 2014 |
| 1. PPE
 |  |  |  |
| **Signature:** | **Date:** |
| **Part E Monitoring & Review** |
| Have the chosen control measures been implemented as planned? Yes/No | Comment: |
| Are the chosen control measures working as intended? Yes/No |
| Have the chosen control measures introduced any new problems? Yes/No |

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| **Hazard Report Sample 3** |

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| **Part A Person Identifying Hazard** |
| **Name:**  | **Date:** 21 Apr 2014 |
| **Contact Number:**  | **Email:**  |
| **Part B Details of Hazard** |
| **Location:** Kitchen | **Hazard ID:** 3 |
| **Hazard Description:**Isolation switches for electric hotplates difficult to access for people of short stature |
| Has there been any previous incidents or near miss related to the task/activity? ~~Yes~~/No |
| **Part C Risk Assessment** |
| Use the tables on the next page |
| **Step 1** – What is the Likelihood: **Rare** |
| **Step 2** – What are the Consequences: **Major** |
| **Step 3** – Using the Risk Assessment Matrix What is the RISK LEVEL **MODERATE** |
| **Part D Corrective Action** |
| **Control** | **Action taken/recommended** | **By whom** | **When (date)** |
| 1. Elimination
 |  |  |  |
| 1. Substitution
 |  |  |  |
| 1. Isolation
 |  |  |  |
| 1. Engineering
 | Relocate isolation switches to wall left of hot plates | Electrical contractor | 2 May 2014 |
| 1. Administration
 |  |  |  |
| 1. PPE
 |  |  |  |
| **Signature:** | **Date:** |
| **Part E Monitoring & Review** |
| Have the chosen control measures been implemented as planned? Yes/No | Comment: |
| Are the chosen control measures working as intended? Yes/No |
| Have the chosen control measures introduced any new problems? Yes/No |

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| --- | --- |
| **RISK ASSESSMENT MATRIX** | **CONSEQUENCES** |
| 1Minor | 2Significant | 3Substantial | 4Major | 5Disaster |
| **LIKELIHOOD** | 5Almost Certain | **HIGH** | **HIGH** | **EXTREME** | **EXTREME** | **EXTREME** |
| 4Likely | **MODERATE** | **HIGH** | **HIGH** | **EXTREME** | **EXTREME** |
| 3Possible | **MODERATE** | **MODERATE** | **HIGH** | **HIGH** | **EXTREME** |
| 2Unlikely | **LOW** | **MODERATE** | **MODERATE** | **HIGH** | **HIGH** |
| 1Rare | **LOW** | **LOW** | **MODERATE** | **MODERATE** | **MODERATE** |

**Likelihood – select the likely frequency of the hazard event occurring.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1****Rare** | **2****Unlikely** | **3****Possible** | **4****Likely** | **5****Almost Certain** |
| **Descriptor** | May only occur in exceptional circumstances, “one in a million” | Unlikely sequence or coincidence but could occur at some time, < 1% | Might occur at some time in the future, 1-10-% | Would probably occur in many circumstances, 10-50% | Is expected to occur in most circumstances, 50-100% |

**Consequences – select the most likely consequence should the hazard event occur.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1****Minor** | **2****Significant** | **3****Substantial** | **4****Major** | **5****Disaster** |
| **Personal Injury** | Cuts, bruises, First aid treatment only. | Injury requiring short term medical treatment. | Disabling injury, hospitalization, short term rehabilitation | Serious Injury, permanent impairment, long term rehabilitation | Death, multiple serious injuries. |
| **Financial and Asset loss** | Minor loss or damage to assets< $300 | Moderate loss or damage to assets$300 - $5,000 | Significant loss or damage to assets$5,000 - $50,000 | Major loss or damage to assets$50,000 - $500,000 | Complete loss of assets> $500,000 |
| **Business Continuity** | Local disruption only < ½ day | Local disruption only 1-2 days | Local disruption 3-7 daysComplete interruption / Organisation disruption < 1 day | Local disruption 1–2 weeksComplete interruption / Organisation disruption <1 week  | Local disruption > 1 monthComplete interruption / Organisation disruption >1 week |
| **Legal / Contract management** | Minor complaint, incident or contract issue resolved by management. | Breach of regulations resulting in infringement notice, isolated threat of legal action/loss of contract | Breach of regulations resulting in minor fine, threat of legal action, loss of contract. | Successful prosecution of infringement, significant fine, civil law suit, future tenders affected. | Major lawsuit and/or criminal charges with prosecution/ major fine, loss of multiple contracts. |
| **Reputation and image** | Unsubstantiated, low profile, resolved by routine management, internal review. | Substantiated, local press mention, management required to prevent escalation. | Substantiated, public notice, state news profile, senior management required to resolve. | Substantiated, public embarrassment, intense public and national media scrutiny. | Substantiated, public inquiry or sustained adverse national media coverage, loss of community participation and confidence. |
| **Environment** | Minor effects on biological or physical environment. | Moderate short term effects, not effecting ecosystem. | Serious environmental damage, medium term effects. | Major medium to long term effects, with some impairment of ecosystem. | Extensive and long term effects, with significant impairment to ecosystem. |
| **RISK LEVEL** | **ACCEPTABILITY** | **ACTION** | **REQUIRED** |
| **EXTREME** | **NOT ACCEPTABLE** | **Immediately cease activity and inform Supervisor / Manager. Requires senior management intervention and Risk Assessment and treatment plan.** | **IMMEDIATELY** |
| **HIGH** | **Accepted only with approval from CEO** | **Immediately inform Supervisor / Manager. Requires management attention and Risk Assessment and treatment plan.** | **Within****2 Weeks** |
| **MODERATE** | **Acceptable if no other controls are reasonable.** | **Review controls with view to identify if alternative or additional controls can be implemented. Ensure existing control measures are maintained.** | **Within****4 Weeks** |
| **LOW** | **Acceptable** | **No action required. Manage by routine procedures.** | **N/A** |
| **CONTROL HIERARCHY *– Preference for control methods higher on the list.*** |
| **1** | **Elimination** | **Can the hazard be eliminated completely?** |
| **2** | **Substitution** | **Can the hazard be substituted for something less hazardous?** |
| **3** | **Isolation** | **Can the hazard be isolated from contact with workers or patrons?** |
| **4** | **Engineering** | **Can the hazard be controlled through engineering means or structural modification?** |
| **5** | **Administration** | **Can the hazard be controlled through training, supervision and / or signage?** |
| **6** | **PPE (Personal Protective Equipment)** | **Can the hazard be controlled through the use of personal protective equipment?** |