

FORM B - Hazard Identification & Risk Assessment

Location:	Reported by:		
Reported to:	Date & Time:	----/----/----	at ----:---- AM/ PM

LIST ANY HAZARD OR POTENTIAL RISK TO EMPLOYEES, ENVIRONMENT, EQUIPMENT, PROPERTY		
HAZARD ID	What and where is the hazard	Why is it a hazard? What injury could it cause?

RISK ASSESSMENT	Think about what sort of injury the hazard could cause and how likely it is to occur. Circle the appropriate level of risk			
CONSEQUENCE	LIKELIHOOD OR PROBABILITY			
	Very likely	Likely	Unlikely	Highly unlikely
Fatality	High	High	High	Medium
Major injury	High	High	Medium	Medium
Minor injury	High	Medium	Medium	Low
Negligible injury	Medium	Medium	Low	Low

Think about how to eliminate or control the hazard using the hierarchy of controls listed below (in their listed order).

Level of protection	Level 1 Eliminate the hazard
	Level 2 Substitute with something safer Isolate the hazard Reduce the risk with engineering controls
	Level 3 Reduce the harm with administrative actions Use personal protective equipment


High	Report to Manager immediately. Fix immediately
Medium	Ensure area is safe Fix as soon as possible
Low	Discuss during staff meetings Ensure staff are aware

HOW DO YOU RECOMMEND THAT THIS HAZARD BE FIXED?

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FOLLOWING SECTION TO BE COMPLETED BY THE MANAGER.

ELIMINATE / CONTROL HAZARD	Action to be taken (Use the Hierarchy of Controls)	Who is responsible	By what date	Date Finalised

MONITOR AND REVIEW	✓ Risk Rating
Risk rating after controls implemented? 	<input type="checkbox"/> High
Reviewed on ___/___/___	<input type="checkbox"/> Medium

CLOSE OUT THE HAZARD AND DOCUMENT CONTROL	
<input type="checkbox"/>	Report filed in Section 5 of WHSMS Folder

Work Health & Safety (WHS)

	<input type="checkbox"/>	Low	<input type="checkbox"/>	Reviewed at staff meeting held on __/__/__
	<input type="checkbox"/>	Eliminated	<input type="checkbox"/>	Feedback to person who reported hazard
by:			<input type="checkbox"/>	Recorded on Hazard Log.
Were the implemented controls effective? (If ✖, a JSA / SWP is required)				<input type="checkbox"/> Yes <input type="checkbox"/> No