<<CLUB NAME>>

HAZARD REPORT FORM

Section 1: Details of the hazard

Hazard Name:

Business Area:

Site:

Date:

Location or task:

How can harm occur:

Reported by:

Manager name:

Section 2: Hazard Risk Assessment

Initial Risk Rating:

Residual Risk Rating:

Note: Any hazard with a consequence score of equal to or greater than 4 is regarded as a ‘significant hazard.’

|  |  |
| --- | --- |
| **VH** | = **Very High** (range from 20 - 25) |
| **H** | = **High Risk** (range from 14 -19) |
| **M** | = **Moderate Risk** (range from 7-13) |
| **L** | = **Low Risk** (range from 1 - 6) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **5.****Almost Certain** | **LIKELIHOOD** | **M8** | **H14** | **VH20** | **VH22** | **VH25** |
| **4.****Likely** | **M7** | **M10** | **H15** | **VH21** | **VH24** |
| **3.****Good Possibility** | **L3** | **M9** | **M12** | **H17** | **VH23** |
| **2.****Possibility** | **L2** | **L5** | **M11** | **H16** | **H19** |
| **1.****Highly Unlikely** | **L1** | **L4** | **L6** | **M13** | **H18** |
|  | **CONSEQUENCES** |
| **1.****Not Significant** | **2.****Minor** | **3****Moderate** | **4****Major** | **5****Catastrophic** |

Section 3: Hazard control actions

Description of control measure/s:

Description of control measure/s:

Description of control measure/s s

Hazards must be managed following the hierarchy of controls, please select and describe the control/s that have been used

Eliminated Substituted

Isolated

Engineering

Administration

PPE

Actions recommended by:

Date:

Section 4: Hazard control implementation verification

Manager’s signature:

The identified control actions have been completed/implemented in a satisfactory manner and the Residual Risk Score is correct

Yeses

No

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