

HAZARD ALERT FORM

Name of Person completing this form: Enter name	Hazard Number	
Name of Person Reported to: Enter name	HA enter#	
Their Position: Enter Position	Date: Select Date	TIA enter#

To be completed by person who discovered the Hazard

Description of Hazard

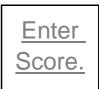
(Include location, task involved, equipment, tools and people involved)

Immediate Action Taken

what did you do in response to make the situation safe?)

Management of Hazard

1. Calculate the absolute risk of this hazard using the risk matrix at the end of this form.



Hazard Absolute Risk Score

2. Use the Hazard/Incident investigation form to work through the five step process to determine the treated risk score.



Hazard treated Risk Score

3. Attach any other relevant workplace documentation to this Hazard Alert.

Date Closed Enter a date.

Managers Signature Signature.

OHS Rep Signature Signature



Risk Matrix Resource Information

			CONSEQUENCE				
			1	2	3	4	5
			Insignificant	Minor	Moderate	Major	Catastrophic
	A Almost Certain	5	5	10	15	20	25
	B Likely	4	4	8	12	16	20
LIKELIHOOD	C Moderate	3	3	6	9	12	15
	D Unlikely	2	2	4	6	8	10
	E Rare	1	1	2	3	4	5

CONSEQUENCE

INSIGNIFICANT	No injury/First Aid only
MINOR	Non-permanent harm
MODERATE	Semi-permanent harm with medical intervention
MAJOR	Permanent Harm
CATASTROPHIC	Death

LIKELIHOOD

Almost certain	It is expected to occur in most circumstances
Likely	Will probably occur in most circumstances
Moderate	Might occur sometime
Unlikely	Could occur sometime
Rare	May occur in exceptional circumstances



RISK ASSESSMENT OUTCOME

EXTREME (Red)

HIGH (Yellow)

MODERATE (Blue)

LOW

(Green)

Immediate action required. Dealt with by Senior Management.

Senior management attention and management responsibility specified.

Management responsibility must be specified.

Manage by routine procedures management.

Treated Risk Score Resource Information

