

HAZARD IDENTIFICATION REPORT

| HAZARD IDENTIFICATION REPORT | | |
|--|--|---|
| Name (Optional): | Date: | |
| Description of Hazard Identified (Attach supplementary info as required): | | |
| Location of Hazard: | | |
| Recommended Risk Control (Hazard Elimination/Reduction) Options: | | |
| Comments: | | |
| UGSO USE ONLY (Attach supplementary info as required): | | |
| Date Received: | HAZID Number Assigned: | |
| Hazard Analysis Probability/Frequency <input type="checkbox"/> Improbable <input type="checkbox"/> Remote <input type="checkbox"/> Occasional <input type="checkbox"/> Probable <input type="checkbox"/> Frequent | Consequence <input type="checkbox"/> Negligible <input type="checkbox"/> Marginal <input type="checkbox"/> Significant <input type="checkbox"/> Critical <input type="checkbox"/> Catastrophic | Assessed Risk (Using the Risk Matrix) <input type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable – with-review <input type="checkbox"/> Undesirable <input type="checkbox"/> Unacceptable |
| UGSO Review (Initial/Date): | Safety Committee Review (Chair Initial/Date): | |
| Risk Control Measures Implemented (Type/Date/New Risk Assessment): | | |
| Forwarded to Following OPIs for Info or Further Action: | Date Closed: | |
| Distribution <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Action: Supervisor: UGSO: </div> <div style="width: 45%;"> Information: B/WGSO: B/W PMed Tech: </div> </div> | | |