Part 1

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| Hazard report number |  | Area of work |  |
| Date |  | Specific hazard location |  |
| Reported by |  | Contact phone number |  |
| Contact email |  |

Hazard description:

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Risk assessment:

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| Risk likelihood legend | Grade | Level of likelihood |
| A | Expected (will occur regularly) |
| B | Probable (will occur at some stage) |
| C | Possible (could occur) |
| D | Improbable (could occur but unlikely) |
| E | Rare (may occur but in limited situations) |

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| Risk impact/ consequence legend | Grade | Level of impact |
| 1 | Insignificant |
| 2 | Minor |
| 3 | Moderate |
| 4 | Major |
| 5 | Catastrophic |

Risk categorisation matrix

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Level of likelihood | Level of impact | | | | |
| 1 (Insignificant) | 2 (Minor) | 3 (Moderate) | 4 (Major) | 5 (Catastrophic) |
| A (Expected) | Medium | Medium | High | Extreme | Extreme |
| B (Probable) | Medium | Medium | Medium | High | Extreme |
| C (Possible) | Low | Medium | Medium | High | High |
| D (Improbable) | Low | Low | Medium | Medium | High |
| E (Rare) | Low | Low | Low | High | Medium |

Suggested controls: (apply the hierarchy of control: elimination, substitution, isolation, engineering, administration, personal protective equipment)

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Immediate actions taken

Having completed Part 1, forward the original to the health and safety representative (HSR) for the area, who will forward this on to the relevant manager.

Part 2

Action required: (remember to apply the hierarchy of control)

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| Recommended control(s): | |  | |
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| Job request raised: Yes  No  Job no. (insert as appropriate) | | |  |
| Person responsible |  | | |
| Controls to be completed by: |  | | |
| Approved by organisational unit head/officer | (name) (signature) (date) | | |
| Completion verified by health and safety representative (HSR) | (name) (signature) (date) | | |