Part 1

|  |  |  |  |
| --- | --- | --- | --- |
| 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 impact/ consequence legend | Grade | Level of impact |
| 1 | Insignificant |
| 2 | Minor |
| 3 | Medium |
| 4 | Major |
| 5 | Severe |

Risk categorisation matrix

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Level of likelihood | Level of impact | | | | |
| 1 (Insignificant) | 2 (Minor) | 3 (Medium) | 4 (Major) | 5 (Severe) |
| A (Highly likely) | High **1A** | High **2A** | Very-High **3A** | Extreme **4A** | Extreme **5A** |
| B (Likely) | Moderate **1B** | High **2B** | High **3B** | Very-High **4B** | Extreme **5B** |
| C (Possible) | Moderate **1C** | Moderate **2C** | Moderate **3C** | High **4C** | Very-High **5C** |
| D (Unlikely) | Low **1D** | Low **2D** | Moderate **3D** | Moderate **4D** | High **5D** |
| E (Rare) | Low **1E** | Low **2E** | Low **3E** | Moderate **4E** | Moderate **5E** |

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) | | |