

Hazard Identification Form

This page to be completed by the person who identified the hazard

Name:

Date:

Dept:

1. Location of the hazard (area/task):

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2. Description of hazard (what can cause harm?):

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3. Likely physical effects:

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4. Hazard Control: What is your suggestion for preventing this hazard from causing harm to people

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When sections 1-4 are completed please hand this form to your manager.

Sections 5 & 6 to be completed by manager. Sections 7 & 8 to be completed by the H&S Coordinator

5. Hazard Assessment and Risk Rating

Use Risk Rating Table to assess risk

Consequence: _____ Likelihood: _____ Risk Rating Outcome: _____

6. Action Plan

| Eliminate Yes / No | Minimise Yes / No |
|--------------------|-------------------|
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| | |
| | |

(NAME OF PERSON RESPONSIBLE)

(BY WHEN)

Section 7 & 8 to be completed by H&S Coordinator

7. Hazard Notification

| | Date: | By Whom |
|------------------------------------|----------------------|----------------------|
| Hazard Notified to Workers | <input type="text"/> | <input type="text"/> |
| Hazard Recorded on Hazard Register | <input type="text"/> | <input type="text"/> |

8. Verification

Hazard Assessment (5), Action Plan (6) and Hazard Notification (7) have been completed

H&S Coordinator Name:

Signature: Date: