

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):

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

3. Likely physical effects:

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

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

NAME OF PERSON RESPONSIBLE

(SIGNATURE)

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

7. Hazard Notification

Date:

By Whom

Hazard Notified to Workers

Hazard Recorded on Hazard Register

8. Verification

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

H&S Coordinator

Name:

Signature:

Date: