

Hazard Identification and Control Form

If you have identified a Hazard in the workplace, please complete this form and hand to the Health and Safety Representative for actioning. If you are unsure or do not wish to deal with the hazard yourself, approach your Health and Safety Representative, explain and they will assist you in dealing with the Hazard.

Name: _____ Date of hazard: _____

I believe that there is a hazard in our place of work/event located at:

This hazard is:

I suggest the following controls to mitigate the hazard:

ELIMINATE – MINIMISE (circle one)	
Risk rating before controls:	Risk Rating after controls:

Likelihood	Potential Harm				
	Insignificant	Minor	Moderate	Major	Critical
Almost certain	Medium	Medium	High	Extreme	Extreme
Likely	Low	Medium	High	High	Extreme
Possible	Low	Medium	High	High	High
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Low	Low	Medium

ACTION TAKEN BY WHOM:	DATE: / /
Describe how the Hazard was Remedied:	
Added to Hazard Register by Whom:	DATE: / /
Review Completed by Whom:	DATE: / /
Further Controls Required: YES / NO (if yes please state)	