



# Safety Hazard Notification and Control Report

**Part 1**

<b>Area of Work/Study</b>	(Faculty/School)	(Division/Section)
<b>Specific hazard location</b>		
<b>Reported by</b>	(contact phone no.)	
<b>Date</b>		<b>Hazard Report No:</b> (OH&S Unit use only)

**Hazard Description:** .....

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**Risk Assessment:** (circle your estimate of the likelihood of this hazard resulting in an incident and the probable consequences should such an event occur and using the matrix the overall risk rating ie High(H), Significant(S), Moderate(M) and Low(L))

		Consequences				
		Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood		1	2	3	4	5
Rare	1	1 L	2 L	3 M	4 S	5 S
Unlikely	2	2 L	4 L	6 M	8 S	10 H
Moderate	3	3 L	6 M	9 S	12 H	15 H
Likely	4	4 M	8 S	12 S	16 H	20 H
Almost certain	5	5 S	10 S	15 H	20 H	25 H

**Suggested Controls:** (apply the hierarchy of control ie. elimination, substitution, isolation, engineering, administration, personal protection)

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**Immediate Actions Taken:**.....

Having completed Part 1 forward the original to the Employee Safety Representative (ESR) for the area who will forward on to the area Responsible Officer.

**Part 2**

<b>ACTION REQUIRED:</b> (remember to apply the hierarchy of control)	
Recommended Control(s): .....	
.....	
.....	
Job Request Raised: yes / no (circle as appropriate)	Job No: (insert as appropriate)
Person Responsible: .....	
Controls to be completed by: (date) .....	
Approved by Responsible Officer: .....	
	(signature)
Completion verified:.....	Date: .....
(ESR to sign)	
<b>Original report to be forwarded to the OH&amp;S, Private Bag 102, Hobart 7001</b>	
<b>Copy to file</b>	