

Random Hazards Report Form

(This is to be completed by the reporter of the Hazard)

Date: _____

Time: _____

Where is the Hazard Located?	
What is the Hazard?	
What is the risk, and who is at risk?	
What action was taken?	
Further recommendations	
Reported by	

Referred to:

For your workspace:

Your supervisor Name: _____

Your Health & Safety Representative: Name: _____

Campus Facilities Officer: Name: _____

For Campus Wide:

Campus Facilities Officer: Name: _____

Risk Analysis Matrix for Establishing Management Priority

Hazard Priorities	Likelihood			
	Very Likely	Likely	Unlikely	Very Unlikely
Could Cause Death, Permanent Injury/Illness	1	1	2	3
Could Cause Long Term Illness, Serious Injury	1	2	3	4
Requires Medical Treatment, Time Off Work	2	3	4	5
Requires First Aid	3	4	5	6

(Source: WorkCover Authority NSW). The numbers 1 to 6 indicate how important it is to do something:

1 = Urgency to do something – requires immediate action.

6 = Low priority – action when practicable

<i>This section to be completed by the Workplace Manager or Supervisor</i>	
Corrective Action: Completed <input type="checkbox"/>	Not Completed <input type="checkbox"/>
Interim/short term control(s) required:	
Long term control(s) required:	
Workplace Managers' Signature	
Date	
<i>If further consultation and risk assessment is required, please complete a Risk Management Plan.</i>	