

Hazard Report Form

This report must be completed immediately after a hazard has been identified.

Date: ___/___/___

Attendees:

Reported by: _____

Position: _____

Department: _____

Number: _____

Reported to: _____

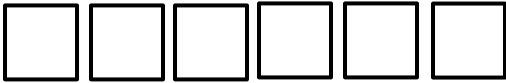
Site Location: _____

Subject:

- Near Miss
- Workplace Hazard
- Hazardous Workplace Practice

Description of Hazard		
Location of Hazard		
Description of Hazard:		
Risk Assessment:		
Likelihood:	Consequence:	Initial Risk Rating:

Risk Assessment Matrix		Likelihood					
		Almost impossible (F)	Very unlikely (E)	Unlikely, but possible (D)	Likely (C)	Very likely (B)	Almost certain (A)
Consequence	Extreme (6)	21	30	32	34	35	36
	Major (5)	17	27	28	29	31	33
	High (4)	14	22	23	24	25	26
	Moderate (3)	8	15	16	18	19	20
	Minor (2)	2	9	10	11	12	13
	Insignificant (1)	1	3	4	5	6	7



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Actions Required		
What needs to be addressed		
Other personnel required?	Resource or Equipment required?	
Other Information:		
Action Items:	Person Responsible:	Deadline:

Signature: _____

Date: _____

Copy given to: _____

Date: _____