

ENVIRONMENTAL HAZARD REPORT FORM

*Environmental Hazard Reports to be forwarded to: Manager, Human Resources, PO BOX 396, MARDEN, SA, 5070

PLEASE PRINT CLEARLY

Worker to Complete	Location Address: _____		
	Date: ____/____/____ Time: ____:____ PM/AM Region: _____		
	Reported by: _____ Who is at risk?: Client / Worker		
	**If only Client – Report on Client Support Concern Report		
	HAZARD IDENTIFIED:		

Nature of Risk: Slips, Trips, Falls / Noise / Cut / Fire / Workplace Environment / Electrical Plant & Equipment / Extreme Temperatures / Ergonomics / Manual Handling / Other: _____			
Name of witness(es) _____ (If applicable)			
Reported to: _____ Date: ____/____/____			
Corrective Action to be taken:			

Hazard Control: Eliminated / Substituted / Isolated / Engineering Controls / Administrative / Personal Protective Equipment Used			
Hazard and Corrective Action Recorded in Client Communication Book (If Applicable) :			
<input type="checkbox"/> YES / <input type="checkbox"/> NO			
Signed: _____ Date: ____/____/____ Telephone: _____			

OFFICE USE:		Human Resources: Date Person Reporting Contacted: ____/____/____	
Notes: _____			
Responsible Person: _____		Date: ____/____/____	
<input type="checkbox"/> Feedback provided to person reporting		Date: ____/____/____	
<input type="checkbox"/> Feedback to Team		Date: ____/____/____	

OFFICE USE: Safety Inspection Checklist

1. Risk Assessment Matrix

Likelihood	Major (eg. death/disability)	Serious (e.g. serious injury/lost time)	Minor (e.g. first aid injury)	Insignificant (e.g. incident but no injury)
Very likely (will almost certainly happen in the near future - days)	Extreme (1)	High (2)	High (2)	Medium (3)
Likely (will probably happen at some time – weeks/months)	High (2)	High (2)	Medium (3)	Medium (3)
Unlikely (could happen at sometime – six months to a year)	High (2)	Medium (3)	Medium (3)	Low (4)
Very Unlikely (might happen only rarely – five years plus)	Medium (3)	Medium (3)	Low (4)	Low (4)

	Risk Control
1	Immediate action required; notify the office. The activity must be ceased immediately.
2	Notify the office and implement immediate action to minimise injury
3	Remedial action within one month (if possible), supervisor attention required.
4	Monitoring only required. Beware!

Hazard Identified: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>

2. Hierarchy of Control Measures

1. **Eliminate** the Hazard 2. **Substitute** the Hazard 3. **Isolate** the Hazard 4. **Engineering Controls** 5. **Administrative Controls** 6. **Personal Protective Equipment**

Risk Rating	Control Measure	By Whom	Further Action Required	By Whom	Residual Risk Rating	Target Completion Date	Date Completed	Sign