**Hazard Identification Worksheet**

To be completed by the person who identified the hazard

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Location of the hazard (area/task):**

|  |
| --- |
|  |

**2. Description of the hazard (what can cause harm?):**

|  |
| --- |
|  |

**3. Likely physical effects:**

|  |
| --- |
|  |

**4. Hazard control: Your suggestion for preventing this hazard from causing harm to people**

|  |
| --- |
|  |

**5. Action Plan**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Name of person responsible:** | **By when:** |

**6. Hazard Assessment**

Could it cause a notifiable event?: Yes / No

Eliminate: Yes / No Minimise: Yes / No

**7. Priority for action (circle)**

A: Immediate – Implement controls now

B: High Priority – Implement controls as soon as possible

C: Moderate Priority – Implement controls when possible

D: Low Priority

**8. Hazard notification**

Hazard notified to workers:

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hazard recorded on Risk Register

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Verification**

Action plan (5), Hazard assessment (6) and hazard notification (8) have been completed

Department Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_