

Hazard Report Form

Hazard: A situation or object where there is potential for harm, loss or damage to people, plant, property or the environment

Risk: is a measure of the likelihood of some adverse event occurring and the likely consequences of that event, e.g. injury, illness, and/or damage to plant, property or the environment

Congregation Name		
1. Person Reporting Details		
Name	<i>Employee / Contractor / Visitor / Congregation Member / Volunteer (please circle)</i>	
Phone No	Reported to	
Signature	Date and Time Reported	/ / am/pm
2. Hazard Details (List any Hazard or Risk to People, the Environment, Property)		
a) Specific location <i>e.g. main hall front entrance; address</i>		
b) What is the Hazard <i>e.g. Loose hand rail on right side entering hall; substandard work practice</i>		
c) Why is it a Hazard? What could happen? (<i>harm/damage that could result</i>)		
d) What is the risk potential of the hazard? <i>Optional - can assist control options (Refer to Risk Matrix page 2)</i>		
3. Immediate/Interim Actions Taken		
4. Additional Actions Required	By Who	By When
5. Effectiveness of Actions Reviewed (Congregation member/church council verifies hazard is controlled)		
Have these actions eliminated or controlled the risk to an acceptable level? Yes / No (please circle)		
IF NO – Enter and monitor on Local Risk Register -If required cease activity / restrict access to area until controlled to an acceptable level		
Name	Signature	Date / /

Once completed forward the Report to the Church Council Secretary or designated congregation member



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The WHS Risk Matrix (below) provides a **guide** to assist in objectively assessing the risk potential and subsequent Control Measures to be put in place to adequately manage the risk.

It is suggested that the use of this risk matrix is undertaken by at least 2 persons and the resultant risk ratings are based on the **current control measures you have put in place**.

Risk Rating Matrix (For Safety and Environment)

1st What is the **most probable** consequence of the **unwanted event, incident or circumstance occurring**?

2nd What is the **realistic** likelihood of the **unwanted event, incident or circumstance occurring**?

3rd Use the Matrix below to see where the criteria from the Consequence and the Likelihood tables intersect

Depending on the risk assessment you may need to implement additional controls, which could be a combination from the Hierarchy of Controls (Refer Chart Below).

Consequence	1.Negligible	2.Minor	3.Moderate	4.Major	5.Severe
Work, Health, Safety & Environment (WHSE)	Limited harm First aid treatment Return to pre-existing condition within 24 hours Negligible environmental impact	Injury or illness No lost time Minor medical treatment Return to pre-existing condition within 1 week Minor localised environmental impact	Serious compensable injury, Extended time off >7 days Return to pre-existing condition within 1 month Material environmental impact	Injuries requiring hospitalisation Permanent impairment due to injury Return to pre-existing condition within 3 months Serious environmental impact	Fatality or numerous serious injuries Unable to return to pre-existing condition Long-term environmental harm

Likelihood	Probability	Description	Frequency	1.Negligible	2.Minor	3.Moderate	4.Major	5.Severe
Frequent	>90%	Is expected to occur – almost inevitable	>10 times per year	Medium	Medium	High	Extreme	Extreme
Likely	70 – 90%	Will probably occur in most circumstance – not surprised if it happens	More than once in 12 months	Medium	Medium	High	High	Extreme
Possible	30 – 70%	Might occur at some time	Once in more than 3 years	Low	Medium	Medium	High	High
Unlikely	5 – 30%	Could occur at some time – surprised if it happens	Once in 5 years	Low	Low	Low	Medium	High
Rare	<5%	Highly unexpected – considered exceptional circumstance	Once in >5 years	Low	Low	Low	Medium	Medium

Revisions

Document number	TOO –				
Version	Approval date	Approved by	Effective date	Policy owner	Policy contact
Draft	30.01.2019	Hazard Report Form	DD.MM.YYYY	Manager Risk & Compliance	WHS Manager
Next scheduled review	DD.MM.YYYY				

THIS DOCUMENT IS UNCONTROLLED WHEN PRINTED.