

Hazard identification form

Ref: Version:

Business name:	
Conducted by:	In attendance:
Location of hazard:	Date:
What is the hazard?	
What are the risks associated with the hazard?	
People/person who may be affected by the hazard:	
What has already been done to control the hazard? <i>(Note: leave this section blank if nothing has been done)</i>	
Initial risk rating: <input type="checkbox"/> low <input type="checkbox"/> moderate <input type="checkbox"/> high <input type="checkbox"/> critical <input type="checkbox"/> catastrophic <i>(Note: further action needs to be taken if the initial risk rating for the hazard is higher than "low")</i>	
What further action needs to be taken? <i>(eg. provide training, review of safe work procedure, provide manual task equipment, etc...)</i>	
By when (date):	
Residual risk rating: <input type="checkbox"/> low <input type="checkbox"/> moderate <input type="checkbox"/> high <input type="checkbox"/> critical <input type="checkbox"/> catastrophic <i>(Note: the residual risk rating should be "low" at this stage, if this is not the case, think of a more effective way to control the hazard)</i>	
Completion date:	Completed by: