

Workplace Hazard Reporting Form

Hazard Identification

Date		Name of Worker	
Assignment		Hazard Location	
Hazard Description <i>(Provide as much detail as possible)</i> <i>Details:</i>			

Suggested Action or Fix Required

(Provide as much detail as possible)

Details:

Hazard Identification Assessment

Severity for Injury/Damage <small>(circle 1-3 based on your assessment of the hazard's likelihood to cause injury/damage)</small> 1 – Minor injury, Minor damage to property, 2 – Moderate injury, medical attention may be required, moderate damage to property possible 3 – Major Injury and/or damage to property	1	2	3
	<i>Details:</i>		
Frequency of Employee Contact <small>(circle 1-3 based on your assessment of the # of times people will be exposed to the hazard)</small> 1 – Less than daily contact with hazard for any employees 2 – Daily exposure/contact to hazard for any employees 3 – Significant number of exposure/contacts in a day for any employees	1	2	3
	<i>Details:</i>		
Probability <small>(circle 1-3 based on your assessment of the probability of an injury/damage occurring)</small> 1 – Minor chance of hazard occurring 2 – Moderate chance of hazard occurring 3 – Major chance of hazard occurring	1	2	3
	<i>Details:</i>		

Risk Assessment

Severity + Frequency + Probability = Risk 1-3 – Minor Risk, complete form and send to your employer 4-6 – Moderate Risk, medium potential for non-life threatening 7-9 – High Risk, immediately inform your employer and the onsite supervisor	<i>Add All Categories Together for Total out of 9:</i>
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Action Items and Activities (For Office Use Only)

Assignment Contact Notified	Name:	
	Position:	
Was the Hazard Followed up on?	Yes	No
Was the Worker Notified of Result	Yes	No
Further Action Required?	Yes	No
Senior Management Provided Findings	Yes	No

Signature Once Complete

Date of Completion

DATE OF ISSUE: JAN 2010	COMPLETED BY: D. WELLS	TITLE: WORKPLACE HAZARD REPORTING FORM
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