

Register Number:	Year Month No	Please copy on yellow paper
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STRICTLY CONFIDENTIAL

The Staff Member is responsible for the confidential completion and treatment of this form. After completion it is to be directed to the Work Health and Safety Adviser or Manager in a sealed envelope.

Person reporting hazard: _____ Date: _____

Person receiving report: _____

Workplace: _____

Type of hazard

- | | | |
|---|---|--|
| <input type="checkbox"/> Manual Handling | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Communicable Diseases |
| <input type="checkbox"/> Slip, Trip & Falls | <input type="checkbox"/> Electrical Equipment | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Awkward Postures | <input type="checkbox"/> Scalds and Burns | <input type="checkbox"/> Behaviour |
| <input type="checkbox"/> Repetitive Action | <input type="checkbox"/> Cuts | <input type="checkbox"/> Other |

Description of hazard

(Include task, and any furniture, equipment, tools or persons involved)

Location of hazard

(Address and area, ie lounge room)

Possible solutions

(Any suggestions eg modify residence, new equipment, training, different work procedures)

Report received:

Name: _____ Date: _____

Entered into Register: Yes Date: _____

Office Use

Action Taken

	Date	By Whom	Action, include reference if applicable
1.			
2.			
3.			
4.			

Review

Hazard eliminated and/or controlled, describe solution: _____

Future action required, specify: _____

If further risk assessment is required complete the WHS Risk Assessment and Management Form.

Closed Out
