

Weeroona Association Inc.

Hazard Report

STRICTLY CONFIDENTIAL

The Staff Member is responsible for the confidential completion and treatment of this form. After completion it is to be directed to a Coordinator, Facilitator, the Manager or the Workplace Health and Safety Officer 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, Trips & 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)

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Location of Hazard

(Address and area, i.e. lounge room)

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Possible Solutions

(Any suggestions e.g. modify residence, maintenance, new equipment, lifting aids, different work procedures, training.)

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Report received: _____ Name: _____ Date: _____

Entered into Register: Yes No

Office use:

Action Taken

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

Review

1. Hazard eliminated and / or controlled, describe solution.
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2. Future action required, specify:.....
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Closed out