 Insert company logo here

**Hazard identification form** Add Organisation name

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?*(Note: leave this section blank if nothing has been done)*      |
| Initial risk rating: [ ] low [ ] moderate [ ] high [ ] critical [ ] catastrophic*(Note: further action needs to be taken if the initial risk rating for the hazard is higher than “low”)* |
| What further action needs to be taken?*(eg. provide training, review of safe work procedure, provide manual task equipment, etc…)*      |
| By when (date):      |
| Residual risk rating: [ ] low [ ] moderate [ ] high [ ] critical [ ] catastrophic*(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)* |
| Completion date:       | Completed by:       |

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