 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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