

HAZARD FORM

1. Personal Details (TO BE FILLED IN BY EMPLOYEE/ VISITOR/STUDENT...)

Name of Person Reporting Hazard:	Date Reported: / /
Reference:	Position:

2. Hazard Details (details below) (TO BE FILLED IN BY EMPLOYEE/ VISITOR/STUDENT...)

3. Risk Assessment Information (please circle) (TO BE FILLED IN BY FACILITIES MANAGER)

	EXTREME	HIGH	MOD	LOW
Extreme Risk	Notify Facilities Manager and Principal immediately. Corrective actions to be taken immediately.			
High Risk	Notify Facilities Manager and Principal immediately. Corrective actions to be taken within 24 hours of notification.			
Moderate Risk	Notify Facilities Manager immediately. Corrective actions must be taken within 14 days.			
Low Risk	Notify Facilities Manager immediately. Corrective actions must be taken within a reasonable time.			

4. Root Causes (consider root causes/control failures following the Hierarchy of Controls) (TO BE FILLED IN BY FACILITIES MANAGER)

5. Control Strategy (TO BE FILLED IN BY FACILITIES MANAGER)

<ul style="list-style-type: none"> o Elimination o Substitution o Isolation o Engineering o Administrative o PPE 	Immediate controls:	Date(s) to be implemented
	Longer term controls	Date(s) to be implemented

6. Review Controls (TO BE FILLED IN BY FACILITIES MANAGER)

Facilities Manager to verify and to recommend controls Name:
are effective:

Effective Not effective Date: / / Signature:

Business Manager to sign

Name:

Signature: