|  |
| --- |
| **HAZARD:** |
| **Location of Hazard:** |
| **Brief Description:** |
|  |
|  |
| **ANSWER THE FOLLOWING QUESTIONS:** |
| **What is the potential consequence of the injury, illness or damage?**Negligible Score 2Minor Score 5Major Score 8Fatal Score 10 | **What is the likelihood of the injury, illness or damage happening?**Remotely possible Score 1Known to have happened in the past Score 2Strong Possibility Score 3Has happened before in the business Score 4Happens all the time Score 5 |
| **What is the RISK RATING? (multiply the two numbers circled above** |  |
| Is the hazard a **Significant Hazard** as defined in the Act? | **YES / NO** |
| **If it is not a significant hazard, why not?** |
|  |
|  |
|  |
| If it is a significant hazard can it be eliminated? | **YES / NO** |
| **If Yes, What can be done to eliminate it?** |
|  |
|  |
|  |
| If it cannot be eliminated, can it be isolated from employees? | **YES / NO** |
| **If Yes, What can be done to isolate it?** |
|  |
|  |
|  |
| **If No, Why is it not practicable to isolate the hazard?** |
|  |
|  |
|  |
| **If it cannot be eliminated nor isolated, what can be done to minimise the effect of the hazard on employees?** |
|  |
|  |
|  |
| **Signed:** | **Position:** | **Date:** |