



PINNACLE COLLEGE

HAZARD REPORTING/ASSESSMENT FORM

This form is to be completed to report a potential hazard.

1. Staff Name: _____

Date: / /

<i>How severely could it hurt someone or how ill could it make someone?</i>	++Very Likely Could happen at anytime	+Likely Could happen sometime	-Unlikely Could happen but very rarely	-Very unlikely Could happen but probably never will
Kill or cause permanent disability or ill health	1	1	2	3
Long term illness or serious injury	1	2	3	4
Medical attention and several days of work	2	3	4	5
First Aid needed	3	4	5	6

The numbers indicate how important it is to do something

1 & 2 Top Priority: **Do something immediately and report immediately.**

3 & 4 Medium Priority: Review and consider control measures.

5 & 6 Low Priority: Do something when possible

Other _____

2. Clearly describe identified hazard / risk and location

4. What risk does it present? _____

5. What steps have you taken to minimise the immediate risk? Recommendations?

6. WH&S Representative: Name: _____

Explain what caused the accident. _____

What can be done to prevent the accident from recurrence? _____

Signature: _____

Date: / /



BURC COLLEGE

HAZARD REPORTING/ASSESSMENT FORM

This form is to be completed to report a potential hazard.

7. Principal:

Name: _____

Action(s) taken

No.	Action	Responsibility	Completion Date
3.1	_____	_____	/ /
3.2	_____	_____	/ /
3.3	_____	_____	/ /

Feedback has been provided to person who reported the hazard/accident

Copy given to the Principal

Signature: _____

Date: / /