



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

*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

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4. What risk does it present? \_\_\_\_\_

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

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6. WH&S Representative:        Name: \_\_\_\_\_

Explain what caused the accident. \_\_\_\_\_

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What can be done to prevent the accident from recurrence? \_\_\_\_\_

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Signature: \_\_\_\_\_ Date:        /        /



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### 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: / /