

# Risk & Hazard Identification Form

<b>Conducted by:</b>	<b>Reference Number:</b>
<b>Location of Hazard:</b>	<b>Date:</b>
What is the risk / hazard?	What are the issues associated with the risk / hazard?
People/person who may be affected:	
What has already been done to control the risk / hazard? <i>(Note: leave this section blank if nothing has been done)</i>	
Use the Risk Matrix to determine the <b>initial risk rating</b> posed. <i>(Tick the box below when you have accessed the Risk Assessment Chart)</i>	
<input type="checkbox"/> low <input type="checkbox"/> moderate <input type="checkbox"/> high <input type="checkbox"/> critical <input type="checkbox"/> catastrophic	
Is it acceptable to continue with this task?	Yes / No
Working instructions associated with this risk / hazard have been reviewed?	Yes / No
What further actions / controls do you recommend could be taken? <i>(Provide as much detail as possible)</i> <i>(e.g. Provide training, review of safe work procedure, provide manual task equipment, etc...)</i>	
What resources are required to implement these actions?	

Selected control to implement:

Use the Risk Matrix to determine the **proposed residual risk rating** after control is implemented.  
(Tick the box below when you have accessed the Risk Assessment Chart)

low       moderate       high       critical       catastrophic

Action By when (date):

**Control Plan Approved by**

**Supervisor Name:**

**Signature:**

**Date:**

### Control Implementation

What steps have you taken to complete implementation of the control as planned?  
(Include the resources used)

Use the Risk Matrix to determine the **actual residual risk rating** posed by the hazard  
(Tick the box below when you have accessed the Risk Assessment Chart)

low       moderate       high       critical       catastrophic

Is it acceptable to continue with this task?  
(Circle the correct answer)

Yes / No

What further action needs to be taken? (if any)  
(e.g. Provide training, review of safe work procedure, provide manual task equipment, etc...)

By when (date):

**Implementation Completion Confirmation:**

**Supervisor Name:**

**Signature:**

**Date:**

**Form Completed by**

**Name:**

**Signature:**

**Date:**