

Occupational Health, Safety and Environment Hazard Report



A hazard is something with the potential to cause harm to persons, property or the environment

This form is for reporting hazards. If injury or illness has occurred, you need to complete Form OHS002. Complete this form if you notice a hazardous situation. Rectify the hazard immediately if possible. Let us know what action you have taken. If unable to rectify the hazard yourself, state what action you recommend and give this report to your supervisor.

PART A To be completed by the person identifying the hazard

Personal Details

Title:		Family Name:		First Name:		Staff/student no.:	
<input type="checkbox"/> Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Contractor	<input type="checkbox"/> Visitor	Other:			
Email:		Phone (w):		Phone (h):			
Faculty/Division:				School/Unit:			
Position:				Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Supervisor:		Phone:		email:			

Identify the hazard

Date hazard identified:	/	/	Time hazard identified:	am/pm
Describe the hazard				
Select Hazard category from Part E Hazard Category List:				
Location of hazard – if external give nearest building:				
Building:	Floor:		Room:	
Other:				

Assess the risk

The risk rating of an incident is based on a combination of Consequence and Probability. Please complete the following table by referring to the [UNSW Risk Rating System](http://www.riskman.unsw.edu.au) available at www.riskman.unsw.edu.au. Circle one option only in each section below.

Consequence	1	2	3	4	5	Probability	A	B	C	D	E	Risk Rating	Low	Medium	High	Extreme				
Action required:	Extreme .. Act Immediately					High .. Act Today					Moderate .. Act This Week					Low .. Act This Month				

Signature

I approve the release of the information in this form to approved authorities, which may include medical practitioners, legal representatives, employee associations, insurance companies and WorkCover NSW.

Your name: _____ Your signature: _____ Date forwarded to Supervisor: / /

Send copies to:

Copy Part A to:

1. Chairperson of your Workplace Safety Committee or Representative
2. Faculty/Division OHS Coordinator (if applicable)
3. Manager, OHS & E, Risk Management Unit – fax 9385 2365
4. Keep a copy for yourself

Give original of your completed Part A to your supervisor, who will complete Part B overleaf within two working days and then take action or forward to the UNSW Unit responsible for follow up action on the hazard

PART B To be completed by the supervisor

This section is to be completed by the Supervisor in response to receiving Part A.

Corrective Action Plan

To complete the following Corrective Action Plan use the following Hierarchy of Risk Controls. Give priority to eliminating the hazard.

1. Eliminate 2. Substitute 3. Engineering control 4. Administrative control 5. Personal Protective Equipment

Actions recommended to be taken	By whom	By when
A.		
B.		
C.		
D.		

Referral

If referred to Facilities Zone Office or Contractor, which Zone or Contractor:	Date forwarded: / /
Is referral required to another UNSW Unit for follow up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which Unit:

Send copies to:

Supervisor to send original to:

- Manager of UNSW Unit responsible for follow up action

and to copy Page 2 to:

1. Person who raised the Hazard report (see Part A)
2. Chairperson of Workplace OHS Committee
3. Manager, OHS & E, Risk Management Unit - fax 9385 2365
4. Copy retained for Unit's OHS Documentation System

Signature

I approve the release of the information in this form to approved authorities, which may include medical practitioners, legal representatives, employee associations, insurance companies and WorkCover NSW.

Supervisor's name: _____ Supervisor's signature: _____ Date: / /
 [must not be the same person who completed Part A]

PART C To be completed by UNSW Unit responsible for follow up action

What additional action has been taken by your Unit to eliminate the hazard?

Date corrective action completed: / /

How will you monitor that the risk control measures are effective?

Name (print): _____ Signature: _____ Phone: _____

Send copies to:

Manager of UNSW Unit responsible for follow up action to send original to:

- Manager, OHS & E, Risk Management Unit - fax 9385 2365

and to copy Page 2 to:

1. Person who raised the Hazard report (see Part A)
2. Chairperson of Workplace OHS Committee
3. Copy retained for Unit's OHS Documentation System

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Is further system wide action required by RMU? Yes No

If Yes, what action is needed?

Is notification required to an external agency, eg WorkCover, EPA, Sydney Water, Health Department? Yes No

Name: _____ Signature: _____ Date: / /

PART E Hazard Category List**Use this list to complete Part A**

Air quality, eg dust, air conditioning, inadequate ventilation	Animal handling hazard
Asbestos hazard	Bomb threat
Building defect, eg material falling from façade	Confined spaces
Construction hazard	Dangerous Goods transport
Demolition	Electricity hazard
Ergonomic hazard, eg inadequate or excessive lighting, workstation setup	Exposure to extreme temperature, eg hot or cold
Fall hazard, eg working at height or working in trench	Fatigue hazard
Fire hazard	Gas leak hazard
Hazardous substances, eg carcinogen, cryogenics	Hot work hazard, eg welding
Infectious or communicable disease hazard	Laceration hazard
Manual handling hazard	Microbiological hazard
Noise hazard	Personal security risk
Plant and equipment hazard	Radiation hazard, eg isotope, laser, X-ray, etc
Scuba diving hazard	Sharps hazard, eg needlestick
Travel hazard, eg motor vehicle, boat, plane, bicycle	Traffic hazard, eg pedestrian, vehicle
Work related stress	