WHS FORM 004 (v1.0; 071212)

Record of Hazard, Health or Safety Issue

|  |
| --- |
| 1. Who reported the health or safety issue? |
| Time: : am/pm Date: / /  |
| 2. Who was the health and safety issue reported to? |
| Time: : am/pm Date: / /  |
| 3. What is the health or safety issue? Location of hazard/risk? |
|  |
| 4. What is its priority? Assess the priority of the health or safety issue by identifying its most likely impact/consequence on workers and the chance of it actually happening. |
|  |
| 5. What has been done to rectify the health or safety issue? |
|  |
| Signed: Date: / /  |
| 6. What further action needs to be taken? (e.g. Training, item creating hazard to be removed, manual task changed in a way that it no longer requires lifting, noise assessment, review of safe work procedures, training, etc). |
| List Responsibility Date for completion |
|  |