WHS FORM 004 (v1.0; 071212)

Record of Hazard, Health or Safety Issue

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| 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? |
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| 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. |
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| 5. What has been done to rectify the health or safety issue? |
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| 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 |
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