



## HAZARD REPORT FORM

**Criteria:** Complete this form only if no injury has occurred. If an injury has occurred please complete the Confidential Incident/ Injury Report Form Part 1 & 2 (<http://www.safety.uwa.edu.au/forms/incident> )

**Instructions:** (please complete, tick or circle as appropriate responses)

**Person Reporting:** - to complete Section A within 1 WORKING DAY and give it to your Supervisor IMMEDIATELY

**Supervisor:** - to complete Section B WITHIN 5 WORKING DAYS and forward to Safety and Health  
- to conduct an investigation in private and separate with person reporting and witness(es)

**NOTE:**

- If an immediate or serious incident/injury has occurred then need to investigate and FAX IMMEDIATELY to S&H on 6488 1179
- Electrical incidents / shocks: Please immediately notify the FM, Senior Technical Officer Electrical on 6488 2036 and Safety and Health on 6488 3938. After hours: 6488 2222

**Section A: PERSON REPORTING TO COMPLETE**

Title:	Surname:	Other Names:
☎ Wk:	Are you (please circle): staff / visitor / contractor / apprentice / student	
School / Section		
Hazard description: Where?		
When?		
What?		
How?		
Why?		
Signed:		Date:

**Section B: SUPERVISOR** (SHR Notification)

Name of Safety & Health Representative (SHR) :
Signed: <span style="float: right;">Date &amp; Time:</span>

**RECOMMENDATIONS to prevent further occurrences of this type of hazard** (please complete). Can have more than one response.

Risk Control Options	Action Required	By Whom	By When
1. Elimination (eg remove)			
2. Substitution (eg. alternate)			
3. Engineering (eg. controls/guards)			
4. Administration (eg. standard operating procedures, training)			
5. Personal Protective Equipment (PPE) (eg. safety glasses, helmets, gloves) ▼			
Date feedback provided to person reporting:		/ /	
Name of Supervisor:	Signed by Supervisor:	☎ Telephone No:	
Position:			Date: / /

**Office Use Only** (Safety and Health Recommendations)

OT	Date Received: / /	Date Completed: / /

