



Confidential Document WHS Hazard Report

Please contact the SDM on 1300886268 to obtain a report number

(SDM Number only required if hazard presents immediate & significant danger that cannot be mitigated immediately at the time of reporting)

SDM Report No:	SDM Name:	SAAS ID No:
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SECTION 1 – HAZARD DETAILS			
Complete this section and submit a copy to your immediate Line Manager and the WHS Enquiries inbox. Health.SAASWHSEnquiries			
Name of person reporting hazard			
Date reported			
Work Location affected			
Hazard Description			
How was the Hazard identified? <input type="checkbox"/> Incident <input type="checkbox"/> Worksite Inspection <input type="checkbox"/> Other			
Please provide details:			
Photographic evidence attached? Y <input type="checkbox"/> N <input type="checkbox"/>			
Corrective Action (what immediate action has been taken, if any?):			
Immediate corrective action e.g.: out of service tag attached, Building Service request completed.			
Are further actions required Y <input type="checkbox"/> N <input type="checkbox"/>			
Reported submitted			
Immediate Line Manager Name		Date sent	
HSR		Date sent	
WHS Enquiries inbox	Health.SAASWHSEnquiries	Date sent	
<ul style="list-style-type: none">Please ensure all parts of Section 1 have been completed prior to submitting form to the Line Manager			

SECTION 2 – INVESTIGATION & CORRECTIVE ACTION

Line Manager to complete this section in consultation with the HSR where applicable

Team Leader / Line Manager Name	
HSR (Where applicable):	
Date Completed:	
Date sent to WHS inbox: Health.SAASWHSEnquiries	

Investigation Details:

Contributing Factors

Identify any contributing factors in the supplied list. Please tick only one primary (C) contributing factor and any other additional (A) contributing factor(s) that may be relevant.

	C	A		C	A
Critical/trauma incident			Pulling		
Inattention			Poor communication		
Inadequate training			Inadequate space		
Psychological strain			Inadequate storage		
Access/egress			Inadequate ventilation		
Weather conditions			Inadequate lighting		
Aggression/violence			Lack of maintenance		
Inappropriate lifting			Noise exposure		
Improper placement			Radiation exposure		
No written procedure			Poor supervision		
Failure to follow procedure			Failure of planned operation		
Outdated method			Excessive workload		
Hazardous substance exposure			Poor housekeeping		
Improper use of PPE			Poor preparation or planning		
Equipment issue			Lack of capacity		
Lifting			Unresolved conflict		
Pushing			Ground Surface		

RISK RATING

Probability	Consequence									
	1 Insignificant		2 Minor		3 Medium		4 Major		5 Critical	
A. Almost Certain	Moderate		Moderate		High		Extreme		Extreme	
B. Likely	Moderate		Moderate		High		High		Extreme	
C. Possible	Low		Moderate		Moderate		High		High	
D. Unlikely	Low		Low		Moderate		Moderate		High	
E. Rare	Low		Low		Low		Moderate		High	

RISK CONTROL/S

	Who	When	Hierarchy of Controls – Please tick (☐) the control used to mitigate the risk
Short term:			<input type="checkbox"/> Elimination <input type="checkbox"/> Substitution <input type="checkbox"/> Engineering <input type="checkbox"/> Administration <input type="checkbox"/> PPE
Long term:			<input type="checkbox"/> Elimination <input type="checkbox"/> Substitution <input type="checkbox"/> Engineering <input type="checkbox"/> Administration <input type="checkbox"/> PPE

Further action required ☐ No Further Action required ☐ Hazard Report can be signed off

Consider escalation criteria below before sign off. If signed off, please submit to the [Health.SAASWHSEnquiries](#) inbox.

Where the hazard meets any of the criteria below, please escalate to the Operations Manager or above.

- ☐ Hazards with a risk rating of high or above
- ☐ Hazard impacts more than one workgroup
- ☐ Hazard is both WHS and industrial
- ☐ Hazard impacts patients
- ☐ Hazard is likely to attract media interest
- ☐ Controls required are above delegation level
- ☐ No controls available to mitigate the risk

Escalated to		Title		Date escalated	
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SENIOR MANAGEMENT INVESTIGATION (Operations Manager or above)

Name

Title

Date completed

Investigation details

Please list any additional controls

Control Measures/Corrective Action

Do you agree the controls will address the risk Y ☐ N ☐

If no, why?

Hazard Report signed off: Y N

WHS Administration use Only

Date and time received

Date WHS Read

Date sent to Senior WHS Consultant

Date returned to Line Manager for investigation

Comments



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WHS UNIT REVIEW – To be completed by Senior WHS Consultant

Given name		Surname	
Signature		Date Reviewed	

Comments:

Further action required ☐ No Further Action required ☐ Hazard Report can be closed ☐

Senior WHS Consultant Name:	Signed:	Date:	Referred to:
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Note : All Hazards escalated to the OM or ED require sign off by the WHSIM Manager

WHSIM Manager	Signed:	Date:	
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On local WHS Action Plan? Y ☐ N ☐

Copies sent to Senior Manager & WHS
Team (Health.SAASWHSEnquiries)

Y ☐ N ☐ (WHS Team maintain SAAS Hazard Register)