

Hazard Report

Report # _____

Date: ____/____/____

Use this Hazard Report to record details of:

1. Any incident you will Not report using a DHS incident report
2. Any Risk, Hazard, Incident or Near Miss, whatever its source

If you are unsure which report to complete, complete a Hazard Report and a DHS Incident Report.

Once completed send this Hazard report into Country Care

Location of Hazard

Address _____

Whereabouts _____

Your Name _____ Phone Number _____

This Report is About

Please tick as many as apply

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Something that <u>Did</u> happen | <input checked="" type="checkbox"/> Something that <u>Might</u> happen | <input checked="" type="checkbox"/> A near miss |
| <input type="checkbox"/> Manual Handling | <input type="checkbox"/> A physical threat | <input type="checkbox"/> An assault/personal injury |
| <input type="checkbox"/> Supporting a person | <input type="checkbox"/> A risk to reputation | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Chemicals or cleaning products | <input type="checkbox"/> A policy or procedure | <input type="checkbox"/> Motor vehicle |
| <input type="checkbox"/> Electrical Safety | <input type="checkbox"/> Equipment Servicing or repair | <input type="checkbox"/> Building maintenance |
| <input type="checkbox"/> A safety assessment finding | <input type="checkbox"/> Other (describe) _____ | |

Please Describe the Hazard

Be objective. If more space is required use the back of this form. Consider drawing a picture or attaching photos to illustrate the Hazard

Country Care Policy & Procedure

Do any existing Country Care policies or procedures provide any terms of reference or details of an appropriate, authorised course of action?

No Yes _____

Suggested Action

In determining any immediate or further action, please follow the instruction contained in any relevant, approved Country Care policy and procedure

Immediate Action Taken (if any) _____

Suggested Further Action (if any) _____

Co-ordinator To Complete

Date Received ____/____/____

1. DHS reportable incident? Yes ⇒ Complete a **DHS Incident Report** (IR Tracking # _____)
 No ↓

2. Issue resolved, **Hazard Eliminated** by immediate action? Yes ⇒ No Further action required
 No ↓

3. Complete a **Risk Control Worksheet** (# _____)

Coordinators Signature _____