

Hazard/Risk Reporting Form

Name:	
Date:	
Location of the identified Hazard/Risk?	
Describe the identified Hazard/Risk	
What could be the potential consequences?	
What are your suggestions to control the Hazard/Risk?	

For Office use only:

Raw risk assessment:	Extreme	High	Moderate	Low
Required action/controls to mitigate the Hazard/Risk?				
Completed by:				
Date of completion:				
Residual risk assessment:	Extreme	High	Moderate	Low
Entered into Hazard/Risk Register?	Yes		No	