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| *All hazards should be reported to your Manager* ***immediately or as soon as practicable****. This Hazard Report Form is available on the Health, Safety & Wellbeing website and may be printed and completed as a hard copy to record a hazard however this should* ***only*** *occur if the online incident reporting system (i.e. P.R.I.M.E) is not available, for any reason. The Hazard Report details must then be entered into P.R.I.M.E.* ***within 24 hours*** *or as soon as practicable.* ***All fields indicated with this symbol are mandatory****.* |

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| **Hazard Details:** | | | | | | | | | | | | |
| **Date and time when the hazard was noticed:** Click here to enter text. | | | | | | | | | | | | |
| **Who noticed this hazard?** | | | **☐** Me | | **☐** Another person | | | | | | | |
| **Person type**: | **☐** Staff | **☐** Student | | **☐** Contractor | | | | **☐** Visitor | **☐** Volunteer | | **☐** Client | **☐** Member of the public |
| **Name of person who noticed the hazard:** Click here to enter text.  **Organisation name and address (if applicable)** Click here to enter text. | | | | | | | | | | | | |
| Staff/Student No.: | | | Phone No. | | | | | | | Email address: | | |
| **College/Portfolio:** | | | | | | | **School/Organisational Unit:** | | | | | |
| **Where was the hazard located?:** | | | **☐ Campus** | | | **☐**  **Off Campus** | | | | | | |
| **Location details (please give details of Campus / Building / Level and Room No. if applicable):**  Click here to enter text. | | | | | | | | | | | | |
| **Describe the hazard with as much detail as possible:**  Click here to enter text. | | | | | | | | | | | | |
| **Hazard Classification:** | | | | | | | | | | | | |
| **Select what could occur as a result of this hazard?:** | | | | | | | | | | | | |

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| ☐ | Being hit by moving objects (incl crush, laceration) | ☐ | Exposure to radiation (Ionising and Non-ionising) | ☐ | ☐ Needlestick injury |
| ☐ | Biological factors (contact or exposure) | ☐ | Exposure to variations in pressure (other than sound) | ☐ | Other muscular stress (lift, push, pull, carry) |
| ☐ | Contact or exposure to heat or cold (Burns) | ☐ | Falls from a height | ☐ | Physical assault |
| ☐ | Contact with electricity | ☐ | Hitting objects with a part of the body (e.g. running into an object) | ☐ | Slide or cave-in |
| ☐ | Exposure to a sharp sudden noise (exceeding threshold) | ☐ | Insect, spider, animal bites and stings | ☐ | Slips and trips (incl. fall from the same level) |
| ☐ | Exposure to mechanical vibration | ☐ | Long term contact with chemical or substance | ☐ | Unspecified / unknown mechanisms of injury |
| ☐ | Exposure to mental stress factors (experienced or witnessed) | ☐ | Long term exposure to noise (above the threshold) | ☐ | Vehicle accident (e.g. bicycle, road, marine, aviation) |
| ☐ | Exposure to or contact with chemical or substances (excludes insect and spider bites and stings) | ☐ | Muscular stress (repetitive movement with low muscle load, awkward posture) | ☐ | Other and multiple mechanisms of injury |
| **What do you believe is the most likely cause of this hazard?:** | | | | | |
| ☐ | Biological agencies (infectious disease, parasite) | ☐ | Mobile plant | ☐ | Other transport (e.g. aviation, marine) |
| ☐ | Hand tools | ☐ | Non-living animals | ☐ | Outdoor environment (U.V light, wind, water |
| ☐ | Hazardous Chemicals | ☐ | Non-metallic substances | ☐ | Powered equipment, tools and appliances |
| ☐ | Human agencies | ☐ | Non-physical agencies | ☐ | Road transport |
| ☐ | Indoor environment (e.g. lighting, thermal comfort) | ☐ | Non-powered equipment | ☐ | Underground transport |
| ☐ | Live animals | ☐ | Other agencies |  |  |
| ☐ | Machinery and fixed plant | ☐ | Other materials, substances or objects |  |  |
| **Hazard Assigned to:** | | | | | |
| **Name of Manager/Supervisor**:  Click here to enter text. | | | | | |
| **Details of who you reported this hazard to?:** | | | | | |
| **Name of staff:**  **Date and time that hazard was reported:** Click here to enter a date.Click here to enter text. | | | | | |
| **Immediate Action taken to remove hazard:** | | | | | |
| **What immediate action, if any has been taken (please give details)?**  Click here to enter text. | | | | | |
| **What additional actions do you think are required to remove or reduce the hazard?:** | | | | | |
| Please provide details:  Click here to enter text. | | | | | |