**Part A to be completed by the person identifying the event or hazard**

Date of event:……………………….. Local time:…………………….

Location:…………………………………….

Name of reporter………………………………..Section / Organisation……………………….

**Please fully describe the event or identified hazard:**

Include your suggestions on how to prevent similar occurrences.

|  |
| --- |
|  |

In your opinion, what is the likelihood of such an event or similar happening or happening again?

Extremely improbable Frequent

1 2 3 4 5

What do you consider could be the worst possible consequence if this event did happen or happened again?

Negligible Catastrophic

1 2 3 4 5

**Part B To be completed by the Safety Officer**

The report has been dis-identified and entered into the company database.

Report reference…………..

Signature…………………… Date

Name…………………………

**Part C To be completed by the Safety Committee**

Rate the likelihood of the event occurring or recurring:

Extremely improbable Frequent

1 2 3 4 5

Rate the worst-case consequences?

Negligible Catastrophic

1 2 3 4 5

What action or actions are required to ELIMINATE, MITIGATE or CONTROL the hazard to an acceptable level of safety?

|  |
| --- |
|  |

Resources required:…………………………………………….

Responsibility for Action:……………………………………….

Agreed and Accepted by Safety Officer Date………

 Responsible Manager Date………

 Accountable Manager Date………

Appropriate Feedback given to staff by Safety Officer

Signed Date………

Follow up action required: When

 Who

Hazard log updated: When