

## Identified Hazard Report Form

<b>Reported by:</b>		<b>Photo attached?</b>	
<b>Contact: (phone/email)</b>		<b>Is this a Laboratory?</b>	
<b>Location/Building:</b>		<b>Laboratory Technician in charge</b>	
<b>Area/Room:</b>			
<b>Details of Hazard &amp; Recommended Corrective Actions:</b>			
<b>Have accidents been caused by this hazard?</b>	Yes	No	Don't know
<b>If yes, please provide details:</b>			
<b>Signature:</b>	<b>Print Name:</b>	<b>Date:</b>	

### Workplace Health and Safety Officer:

<b>Risk Priority/Rating:</b> (Use the risk calculator in the "Risk Assessment and Management Guideline" to assist to determine risk score)	Very High	High	Substantial
	Moderate	Low	n/a - resolved
<b>Details of corrective action taken:</b>			
<b>Further action required?</b>	Yes	No	
<b>If yes, please provide details of further recommended corrective actions required:</b>			
<b>WHSO Signature:</b>	<b>Print Name:</b>	<b>Date:</b>	

**\*\* Please forward this completed form to: [ohs@usp.ac.fj](mailto:ohs@usp.ac.fj)**

#### OH&S Unit Assessment:

<b>OHS Coordinator</b>				<b>Date:</b>		<b>File, no action required</b>	
<b>OHS Authorisation:</b>				<b>Date:</b>		<b>WCC, P&amp;F Funded</b>	
<b>Priority:</b>	URGENT	Semi-Urgent (within 2 days)	Non-Urgent (within 5 days)	Programmed (3-6 months)	Agreed (> 6 months)	<b>WCC, Org Unit Funded</b>	
						<b>OHS Fully Funded</b>	
<b>Admin Action ...</b>	<b>Hazard ID No.:</b>			<b>WCC Job No.:</b>		<b>OHS Partially Funded</b>	
<b>Copy sent to:</b>	P&F WCC	WHSO	Originator	<b>Date:</b>		<b>Other Funding</b>	