# Appendix A

**HAZARD REPORT FORM**

**PART A: HAZARD IDENTIFICATION – TO BE COMPLETED BY WORKER**

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| Workers Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Reported: / am / pm Date: / /Workers Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exact Location of Hazard: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Description of Hazard: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Workers Suggested Solution to control the Hazard: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Worker’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PART B: TO BE COMPLETED BY SUPERVISION**

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| **Hazard Investigation Found**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Can Hazard be Eliminated Immediately?**  **YES** Supervision to eliminate Hazard and signoff Part B then forward to Health and Safety Representative.Describe Actions Taken:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NO** SupervisiontoAssess Hazard and determine Risklevel (Refer to Risk Assessment Matrix) |
| **Risk Rating** | **Hierarchy of Control Used:** (one or combination) |
| **Extreme:** Stop work until risk control implemented**High:**  Implement risk control within 3 days**Moderate:** Implement risk control within 1 week**Low:**  Regularly monitor hazard | **Substitution** **Engineering** **Administration Safe Operating Procedure / Training****Personal Protective Equipment** |
| **Risk Control Measure Action Plan: Supervision (in consultation with worker) determines** **and implements risk controls.** |
| **Action** | **Responsibility** | **Target Date** | **Completed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Are Controls Completed and Assessed? Y**ES** **Do Not pass on unless risk has been Satisfactorily Controlled!** |
| Feedback to Worker who raised Hazard Report Form? **YES** |
| Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PART C – TO BE COMPLETED BY SITE SAFETY**

**Hazard has been Assessed and Controlled**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART D – TO BE COMPLETED BY MANAGER**

**Hazard has been Assessed and Controlled to my satisfaction**

Manager’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix B

**RISK ASSESSMENT MATRIX**

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|  **RISK MATRIX** |
| **Likelihood** | **Consequences** |
| **1****Insignificant** | **2****Minor** | **3****Moderate** | **4****Major** | **5****Catastrophic** |
| **A - Almost  Certain** | **M** | **H** | **E** | **E** | **E** |
| **B - Likely** | **M** | **H** | **H** | **E** | **E** |
| **C - Possible** | **L** | **M** | **H** | **H** | **E** |
| **D - Unlikely** | **L** | **L** | **M** | **H** | **H** |
| **E - Rare** | **L** | **L** | **M** | **H** | **H** |

| **Risk Matrix Legends** |
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| **Rating** | **Safety** | **Health** | **Environment** |
| **1****Minor** | Single minor injury to one person. First aid or no treatment required.No lost time. | Reversible health effects of minor concern only requiring minor first aid treatment. | Issues of non-continuous nature with promptly reversible impact or consequence (e.g. within shift). Low-level incident, site contained. |
| **2****Moderate** | Medically treated injury. Reversible injury. Does not lead to restricted duties. | Reversible health effects of concern that results in medical treatment but does not lead to restricted duties. | Issues of a non-continuous nature and minor impact and consequence. Low-level incident, site contained. Short term reversible (e.g. within days). |
| **3****Serious** | Reversible injury or moderate irreversible impairment. Less than 10 days lost time.  | Severe but reversible health effects. Results in a lost time illness of less than 10 days. | Issues of a continuous nature - limited impact and consequence Incident resulting in some site contamination. Medium term recovery impact. |
| **4****Major** | Severe irreversible damage to one or more persons. Lost Time Injury greater than 10 days.  | Severe and irreversible health effects or disabling illness. | Compliance issue with large fine, media attention. Serious harm not immediately recovered. Significant site contamination or off-site impact. Long term recovery. |
| **5****Catastrophic** | Fatality. Permanent disabling injuries.  | Life threatening or permanently disabling illness. | Issues of a continuous nature with major long-term impact and potentially serious consequences  |
|  |
| **Rating** | **Descriptor** | **Description** | **Suggested Frequency** |
| **A** | Almost certain | The event is expected to occur  | Recurring event during the lifetime of a project / operation e.g. More than once per month. |
| **B** | Likely | The event will probably occur  | Event that may occur frequently during the lifetime of a project / operation e.g. At least once per year. |
| **C** | Possible | The event should occur  | Event that may occur during the lifetime of a project / operation e.g. Once in 3 years. |
| **D** | Unlikely | The event could occur  | Event that is unlikely to occur during the lifetime of a project / operation e.g. Once in 10 years. |
| **E** | Rare | The event may occur only in exceptional circumstances | Event that is very unlikely to occur during the lifetime of a project / operation e.g. Once in 15 years. |
|  |
| **Rating** | **Definition** | **Level of Involvement** |
| **Extreme** | Cease work - No works shall be conducted until controls are implemented to reduce the risk level. Immediate formal risk assessment required. | The most senior person on site (Chief Executive Officer, Managing Director, General Manager) must review and approve risk control measures before allowing work to recommence. |
| **High** | Corrective action required.Normally permits required to perform work. Safe Work Procedure or Job Hazard Analysis is mandatory. | Mine Operator and / or Quarry Manager review required. |
| **Moderate** | Corrective action required. Job Hazard Analysis or Safe Work Procedure required. | Supervisor / Superintendent review required. |
| **Low** | Corrective action where practical.Take 5 risk assessment required. | Supervisor to manage by routine procedures at operational level. |