# 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | |