

Work Area _____ **Date:** _____ **Submitted by:** _____ **Submitted to:** _____

The following hazard has been identified in relation to your work:

What harm do you think could happen if someone came into contact with the hazard?

Risk Level: High Medium Low

Location:

To be completed by Management Team - Suggested Actions and Controls.

By Whom: _____ **By When:** A. Within 24-48 hrs B. Within 7 days C. Within 7-14 days

Corrective Actions Completed:

Completed By: _____ **Time:** _____ **Date:** _____ **Signature:** _____