



PICAC FACILITY

OHS Hazard Identification Report

REGISTERED TRAINING ORGANISATION











Name: _____

Date: _____

| 1. Person Involved Details | |
|----------------------------|--|
| Given Name | <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor |
| Family Name | |
| D.O.B. / / | |
| Contact Details | |
| Address | |
| | |

| 2. Details of Incident / Hazard | | | | |
|---------------------------------------|--|---|---------------------------------|--|
| Work Related <input type="checkbox"/> | Injury /Illness <input type="checkbox"/> | Incident Near Miss <input type="checkbox"/> | Hazard <input type="checkbox"/> | Property Damage <input type="checkbox"/> |

| 3. Location of Incident / Hazard | | | |
|----------------------------------|-----|---------------|-----|
| | | | |
| | | | |
| | | | |
| | | | |
| Time Occurred | / / | Date Occurred | / / |

| | |
|--|--|
| <p>What were you doing? Describe the activity undertaken at the time.</p> | |
| <p>What happened? Describe the incident/near miss as it occurred or the hazard observed.</p> | |
| <p>What did you do? Describe what happened next.</p> | |

3. Were there any witnesses?

| | |
|--------------|----------------------|
| <p>Name:</p> | <p>Phone Number:</p> |
| <p>Name:</p> | <p>Phone Number:</p> |

4. Signature of person making report

| | |
|--------------------|------------------------|
| <p>Print Name:</p> | <p>Date: / /</p> |
| <p>Signature:</p> | <p>Contact Number:</p> |

5. Signature of RTO Manager

| | |
|--------------------|------------------------|
| <p>Print Name:</p> | <p>Date: / /</p> |
| <p>Signature:</p> | <p>Contact Number:</p> |

6. Risk Controls

List any short term actions that have been implemented to control the risk of a repeat:

What further actions need to be taken to control the risk?

| Risk Control | Action to be taken | By Whom | By When |
|---|--------------------|---------|---------|
| Elimination <i>eg. Discontinue use of product or process</i> | | | |
| Substitution <i>eg. Replace with similar item to do same job with lower hazard level</i> | | | |
| Isolation <i>eg. Put a barrier between the person and the hazard</i> | | | |
| Engineering Controls <i>eg. Change the process, equipment or tools so the risk is reduced</i> | | | |
| Administration Controls <i>eg. Guidelines, procedures, rosters, training, etc. to minimise the risk</i> | | | |
| Personal Protective Equipment <i>eg. Equipment worn to provide a temporary barrier</i> | | | |

5. Signature of RTO Management Representative

| | |
|-------------|-----------------|
| Print Name: | Date: / / |
| Signature: | Contact Number: |