

OHS Hazard Identification Report

REGISTERED TRAINING ORGANISATION

PLUMBIN INDUSTR CLIMATE ACTION CEN	ey piomi		AMCI	Property of the control of the contr	FIRE INDUSTR		
	[
Name:							
	I	1. Person Inv	olved Details	3			
Given Name					☐ Employee		
Family Name					☐ Student		
D.O.B.	/ /				- □ Visitor		
Contact Details					□ Contractor		
Address					Contractor		
2. Details of Incident / Hazard							
Work Related □	Injury ∕Illness	Incident Near Miss		Hazard □	Property Damage		
3. Location of Incident / Hazard							
3. Location of incident / mazard							
Time Occurred	/ /		Date Occ	urred	1 1		



PICAC FACILITY

	TICACTACIENT					
What were you doing? Describe the activity						
undertaken at the time.						
What happened? Describe the incident/near						
miss as it occurred or the hazard observed.						
What did you do? Describe what happened						
next.						
3. Were th	ere any witnesses?					
Name:	Phone Number:					
Name:	Phone Number:					
4. Signature of person making report						
Print Name:	Date: / /					
Signature:	Contact Number:					
5. Signature of RTO Manager						
Print Name:	Date: / /					
Signature:	Contact Number:					



PICAC FACILITY

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 eg. Discontinue use of product or process							
Substitution eg. Replace with similar item to do same job with lower hazard level							
Isolation eg. Put a barrier between the person and the hazard							
Engineering Controls eg. Change the process, equipment or tools so the risk is reduced							
Administration Controls eg. Guidelines, procedures, rosters, training, etc. to minimise the risk							
Personal Protective Equipment eg. Equipment worn to provide a temporary barrier							
5. Signature of RTO Management Representative							
Print Name:		Date: / /					
Signature:		Contact Number:					