**<INSERT EVENT NAME, VENUE, DATE>**

**STANDARD HAZARD IDENTIFICATION & CONTROL FORM**

If you have identified a hazard in the workplace please complete this form and hand to the Health and Safety Representative for actioning.

If you are unsure or do not wish to deal with the hazard yourself, approach your Health and Safety Representative, explain and they will assist you in dealing with the hazard.

|  |  |
| --- | --- |
| **Name of person identifying the hazard:** |  |
| **Date of hazard identification:** |  |

**I believe that there is a hazard in our place of work at:**

*(Describe location of hazard)*

|  |
| --- |
|  |

**This hazard is:**

*(Describe hazard)*

|  |
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|  |

**I suggest the steps that should be taken to deal with this hazard are:**

*(State details – steps that may Isolate / eliminate / minimise the hazard)*

|  |
| --- |
| **ISOLATE:** |

|  |
| --- |
| **ELIMINATE:** |

|  |
| --- |
| **MINIMISE:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Action taken by whom:** |  | **Date:** |  |
| *(Describe how the hazard was remedied)* |