

# Hazard Observation Action Plan and Hazard Identification Checklist

Practice name:		Hazard Observation Action Plan			
Date:					
Name of person who identified the hazard:					
Source:	<input type="checkbox"/> Audit	<input type="checkbox"/> Visual	<input type="checkbox"/> Incident	<input type="checkbox"/> Other	
Location of hazard:					
Supervisor/OHS Representative:					

## Risk matrix

Likelihood		Consequences			
		Extreme	Major	Moderate	Minor
		Threat to viability or survival of the business	Significant business impact and issues	Requires significant time and/or resources to manage	Inconvenient but no significant business impact
Very likely	High (80+) chance of occurring	1	2	3	4
Likely	Greater than 50:50 chance of occurring	2	3	4	5
Unlikely	Less than 50:50 chance of occurring	3	4	5	6
Very unlikely	Low chance of occurring	4	5	6	7

### Action priority

Level of risk	Action
1, 2 or 3	Immediate action from senior management required to mitigate risk.
4 or 5	Action required as soon as practical, do not ignore.
6 or 7	Manage through lower level order risk control options.

### Identified hazards and risks

Description of hazards	Description of risks	Risk level

### Corrective action for hazards

Description of hazards	Corrective action	Follow-up action required	Follow-up date	Finalisation date
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
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		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Practice name:		Hazard Identification Checklist		
Date:	Time:			
Inspected by:				
Supervisor/OHS Representative:				
Core safety	Yes	No	Details/observations	Action to be taken
<b>Fire safety</b>				
All fire system inspections are current (6 monthly).	<input type="checkbox"/>	<input type="checkbox"/>		
Fire extinguisher/s.	<input type="checkbox"/>	<input type="checkbox"/>		
Hose reel/s.	<input type="checkbox"/>	<input type="checkbox"/>		
All fire equipment has location marker clearly displayed.	<input type="checkbox"/>	<input type="checkbox"/>		
Access to all fire equipment is clear.	<input type="checkbox"/>	<input type="checkbox"/>		
Core safety	Yes	No	Details/observations	Action to be taken
<b>Emergency evacuation</b>				
Evacuation maps/diagrams and instructions are current and clearly displayed in work area.	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency exits and egress paths are clear of obstructions or stored items.	<input type="checkbox"/>	<input type="checkbox"/>		
Egress travel paths and stairways are safely designed and in good condition.	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency exit lights are clearly visible.	<input type="checkbox"/>	<input type="checkbox"/>		
Assembly areas are allocated, sign posted and understood by staff.	<input type="checkbox"/>	<input type="checkbox"/>		
Building warden identity is clearly displayed.	<input type="checkbox"/>	<input type="checkbox"/>		
At least one evacuation drill has occurred in the previous year.	<input type="checkbox"/>	<input type="checkbox"/>		

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Core safety	Yes	No	Details/observations	Action to be taken
<b>First aid</b>				
A first aid kit is available for each work area/group.	<input type="checkbox"/>	<input type="checkbox"/>		
First aid kits are checked regularly, restocked and cleaned. (Note date of last check).	<input type="checkbox"/>	<input type="checkbox"/>		
First aid kits have proper first aid signage or labels.	<input type="checkbox"/>	<input type="checkbox"/>		
First aid kits contain only appropriate first aid equipment (no medications).	<input type="checkbox"/>	<input type="checkbox"/>		
First aid officer/s identified, and contact numbers clearly displayed.	<input type="checkbox"/>	<input type="checkbox"/>		
If no first aid officer/s – a person is nominated to monitor the kits.	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency phone numbers are displayed clearly.	<input type="checkbox"/>	<input type="checkbox"/>		
All first aid treatments and injuries are recorded.	<input type="checkbox"/>	<input type="checkbox"/>		
A sharps disposal container is provided.	<input type="checkbox"/>	<input type="checkbox"/>		
Core safety	Yes	No	Details/observations	Action to be taken
<b>Communication</b>				
A noticeboard or other display is provided for the work area.	<input type="checkbox"/>	<input type="checkbox"/>		
Basic emergency information is displayed including: <ul style="list-style-type: none"> <li>• Fire wardens.</li> <li>• First aid officer/s.</li> <li>• Emergency evacuation plan and/or procedures.</li> <li>• Emergency evacuation maps.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		
Core safety	Yes	No	Details/observations	Action to be taken
<b>Electrical</b>				
Random checks on specified electrical equipment shows testing and tagging on required basis (Electrical Safety Regulation).	<input type="checkbox"/>	<input type="checkbox"/>		

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Unsafe electrical equipment is not used and removed or tagged 'Out of Service'.	<input type="checkbox"/>	<input type="checkbox"/>		
No piggyback plugs or double adaptors used.	<input type="checkbox"/>	<input type="checkbox"/>		
Clear access (1 metre) available to switchboards.	<input type="checkbox"/>	<input type="checkbox"/>		
Switchboards are locked, in good condition and clearly marked.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Core safety</b>	<b>Yes</b>	<b>No</b>	<b>Details/observations</b>	<b>Action to be taken</b>
<b>Material handling and storage</b>				
Materials are stacked correctly to prevent objects falling.	<input type="checkbox"/>	<input type="checkbox"/>		
Racks or bins used where possible.	<input type="checkbox"/>	<input type="checkbox"/>		
Easy access to stored items (floor clear of trip items).	<input type="checkbox"/>	<input type="checkbox"/>		
Shelving capacity meets needs of stored mass – sufficient amount, strength, adequate fixing to wall, freestanding.	<input type="checkbox"/>	<input type="checkbox"/>		
Commonly used or heavy items stored between mid-thigh and shoulder height.	<input type="checkbox"/>	<input type="checkbox"/>		
Mechanical lifting aids available and in good condition, for example, trolleys, levers, drum lifters.	<input type="checkbox"/>	<input type="checkbox"/>		
Waste bins are provided and emptied regularly. Work or storage floor areas are clear of clutter and waste.	<input type="checkbox"/>	<input type="checkbox"/>		

*Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice.*