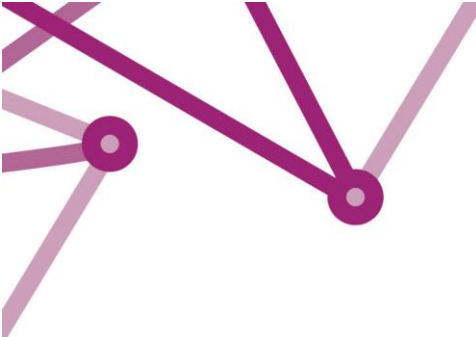


Hazard Observation Action Plan and Hazard Identification Checklist

<Your practice name> Hazard Observation Action Plan	
Date:	
Name of person who identified the hazard:	
Source (please tick):	<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



Template

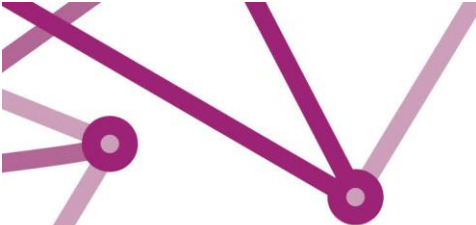
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Action priority

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		
		<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		
		<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		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

<Your practice name> Hazard Identification Checklist

Date:	Time:
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Inspected by:

Signature:

Core safety	Yes	No	Details/observations	Action to be taken
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Fire safety				
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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
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Emergency evacuation				
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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
First aid				
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
Communication				
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"> • Fire wardens. • First aid officer/s. • Emergency evacuation plan and/or procedures. • Emergency evacuation maps. 	<input type="checkbox"/>	<input type="checkbox"/>		
Core safety	Yes	No	Details/observations	Action to be taken
Electrical				
Random checks on specified electrical equipment shows testing and tagging on required basis (Electrical Safety Regulation).	<input type="checkbox"/>	<input type="checkbox"/>		

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"/>		
Core safety	Yes	No	Details/observations	Action to be taken
Material handling and storage				
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.