



EXCELSIA  
COLLEGE  
— Sydney —

# Hazard Log **WHS-F02**

## INSTRUCTIONS:

- Complete and send to the Excelsia College Department of People and Culture [hr@excelsia.edu.au](mailto:hr@excelsia.edu.au).
- If a hazard poses immediate risk, report the hazard to your Supervisor immediately and complete the Hazard Log afterwards.
- Privacy: The information collected on this form is used for the reporting of incidents to Excelsia College, its insurers and government agencies as required by law.
- If you will be a signatory on this form, you will need to set up a digital signature. To do so, simply click on the signature box you wish to add your digital signature to and follow the prompts.

## SECTION 1: TO BE COMPLETED FOR ALL INCIDENTS INCLUDING NEAR MISSES

<b>Reported by</b>		<b>Date reported</b>	
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
<b>Position</b>		<b>Reported to</b>	
<input type="text"/>		<input type="text"/>	
<b>Telephone</b>	<b>Signature</b>	<b>Date</b>	
<input type="text"/>	<input type="text" value="X"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	

## Brief description of hazard:

Where is the hazard located in the workplace?

When was the hazard identified? 

<b>Date</b>	<b>Time</b>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <b>am/pm</b>

## SECTION 2: ASSESSMENT AND CONTROL

Report reviewer \_\_\_\_\_ Position \_\_\_\_\_ Telephone \_\_\_\_\_

**Type of solution:**

- Eliminate
- Redesign
- Purchase equipment
- Repairs and maintenance
- Reorganise work area
- Other \_\_\_\_\_
- Procedure developed
- Training

**Initial action taken:**

Do you consider the hazard/incident fixed?  Yes  No

**Recommendations for further action:**

**Signature:**

Your signature \_\_\_\_\_ Date \_\_\_\_\_  
X / /

Department head \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
X / /

## SECTION 3: OFFICE USE

Date received by People and Culture \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Manager People and Culture \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
X / /

WHS committee member \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
X / /

Chief Operating Officer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
X / /