



Scouts Australia NSW
Level 1, Quad 3
102 Bennelong Parkway
Sydney Olympic Park 2127

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Lidcombe NSW 1825

Ph: 02 9735 9000 Fax: 02 9735 9001
E-mail: whs@nsw.scouts.com.au

WORK, HEALTH & SAFETY HAZARD REPORT FORM

1. All Workers and Members are to report hazards within one hour of awareness, where possible.
2. Immediately email whs@nsw.scouts.com.au and the person responsible for the Scout Site as soon as possible.
3. If there is an injury as a result of this hazard, also complete the HS-5 Incident/Accident/Near Miss form and submit.
4. If the hazard involves utilities such as energy, gas or water, contact the local energy or water authority.
5. If the Hazard involves Fire or an Emotionally Unstable person contact 000

HAZARD ADDRESS & LOCATION: (attach diagram if necessary)

Please tick related identified hazard

Date Hazard Reported:

- | | | |
|---|--|--|
| <input type="checkbox"/> Asbestos – damaged | <input type="checkbox"/> General Waste | <input type="checkbox"/> Security |
| <input type="checkbox"/> Biological Waste | <input type="checkbox"/> Grounds Condition | <input type="checkbox"/> Security - Building |
| <input type="checkbox"/> Building/Maintenance | <input type="checkbox"/> Manual Handling | <input type="checkbox"/> Security - Personal |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Occupational Waste | <input type="checkbox"/> Site Maintenance |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Other: | <input type="checkbox"/> Trip Hazard |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Resident Aggression | <input type="checkbox"/> UV Radiation |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Safe Work Practices | |

Full Description of Hazard or Potential Hazard Identified:

Risk Level		Likelihood
Someone Requires First Aid	Low	Very Unlikely (Could happen but probably never will)
Requires medical attention with someone off work for several days.	Medium	Unlikely (could happen but rarely)
Long Term illness or serious injury	High	Likely (could happen sometime)
Permanent Disability, ill health or death	Extreme	Very Likely (could happen anytime)

Corrective Action (to address the hazard or prevent the same occurrence in the future)

HIERARCHY OF CONTROLS SHOULD BE CONSIDERED

1. Elimination 2. Substitution 3. Isolation 4. Engineering 5. Administrative 6. Personal Protective Equipment

Action Required	Evaluative Measures	Estimate Completion Date	Actual Completion Date	Signature of Person Responsible

Efficacy of Action Taken (MUST BE COMPLETED TO ELIMINATE OR CONTROL HAZARD)

Eliminated

Controlled

Not Controlled

Site Manager Name			
Signature		Date	
Name of Person Reporting Hazard			
Signature		Date	

Original to Site Hazard File

Copy to Region/State Office if Serious Hazard.