**attachment 92 (part B)**

Hazard Identification, Risk Assessment and Corrective Action Form

**Hazard Identification, Risk Assessment and Corrective Action Form**

Item: ……………………………………………………………………………………………………………………………………………………….. Date: ………………………….

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| --- | --- | --- | --- | --- | --- | --- |
| Hazards  If possible identify source(s) of each hazard (note there usually there is also more than one hazard for each source) | Risk level | | | Corrective action (risk control measures) required  or needing improvement – provide details  Please also include how the effectiveness of these measures  will be determined in consultation with relevant employees | Persons  responsible | Status of actions and timeframe |
| High | Medium | Low |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| Hazards  to consider | • Biological  • Burns/Heat  • Chemical affects  • Crushing | • Cutting  • Electrical  • Entanglement  • Ergonomic affects | • Falling  • Fatigue  • Fire/Explosion  • Fumes | • Friction  • Gasses  • Light  • Noise | • Overcome by something  • Overexertion  • Psychological stress  • Radiation | • Shearing  • Slipping and tripping  • Stabbing  • Struck by something | • Striking against something  • Suffocation  • Thermal stress  • Vibration |