

South Australian Genealogy and Heraldry Society

HAZARD REPORT FORM

Anyone who identifies a hazard in or around SAGHS facilities is required to complete this form and lodge it at the front desk.

Alternatively, you may complete the form online and e-mail it to: admin@saghs.org.au

If completing and lodging a hard copy of this report you will be provided with a copy for your records. If completing the form on-line please ensure that you retain a copy of the completed form.

On behalf of SAGHS, your assistance is appreciated.

PART A – INFORMATION ABOUT THE HAZARD

Location of hazard	Date form completed
_____	_____
Description of identified hazard (e.g. torn carpet, frayed electrical cable etc)	_____
Describe how the hazard is currently controlled? (e.g. signage)	_____
What action do you think should be taken to control the hazard?	_____

PART B – RISK ASSESSMENT

STEP 1 – Estimate the consequence

What do you think could be the consequence of someone being exposed to the hazard or of an incident occurring?

- 5 = Death / huge financial loss
- 4 = Extensive injuries / major financial loss
- 3 = Medical treatment / high financial loss
- 2 = First aid treatment / medium financial loss
- 1 = No injuries / low financial loss

If the possible consequence is scored at 3 or above this represents a significant risk and must be dealt with immediately by the Council

STEP 2 – Estimate the likelihood

What do you think is the likelihood that someone will be exposed to the hazard or of an incident occurring?

- A = Almost certain
- B = Very likely
- C = Possible
- D = Unlikely
- E = Remote Chance

If there is a possibility that someone might be exposed to the hazard, this represents a significant risk and must be dealt with immediately by the Council

PART C – INFORMATION ABOUT YOU

Surname or family name _____ Given name _____

Postal address _____

Post Code _____

E-mail address _____ Phone _____

If you are a member please provide membership number _____

If you are not a member please advise relationship to SAGHS (e.g. visitor / contractor etc)

- Visitor
 Contractor
 Consultant
 Other (describe)

Have you already spoken to someone at SAGHS about this? _____ To whom reported _____ Date reported _____

If so to whom and when

Would you like to know the outcome of any investigation or assessment undertaken by the Council? YES NO

Please advise preferred form of contact E-mail Phone Letter

If you do wish to be kept informed you will be contacted within 30 days

PART D – REFERRAL TO COUNCIL

Date report form received by SAGHS _____ Received by _____

Date referred to Council _____

PART E – ACTION BY COUNCIL

Date actioned: _____ Delegated officer _____