

4.2 Trusts Shop Hazard Identification Form

SECTION 1: THIS SECTION IS TO BE COMPLETED BY THE PERSON THAT IDENTIFIED THE HAZARD	
HAZARD IDENTIFIED BY:	DATE:
WHAT IS THE HAZARD? (Please describe what the hazard is and the location of the hazard)	
WHAT ARE THE RISKS ASSOCIATED WITH THE HAZARD? (What could happen if this hazard is not controlled?)	
HAVE YOU DONE ANYTHING TO TRY AND CONTROL THE HAZARD?	

SECTION 2: THIS SECTION IS TO BE COMPLETED BY THE SHOP MANAGER AND CIRCULATE TO THE TRUST	
INITIAL RISK RATING: <input type="checkbox"/> LOW <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH <input type="checkbox"/> EXTREMELY HIGH RISK (Refer to risk assessment matrix on page 15 of the health and Safety Plan)	
WHAT FURTHER ACTION NEEDS TO BE TAKEN? (e.g., provide training, review of safe work procedure, provide manual task equipment, etc...)	
BY WHEN (date): _____	
RESIDUAL RISK RATING: <input type="checkbox"/> LOW <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH <input type="checkbox"/> EXTREMELY HIGH RISK (Note: the residual risk rating should be "low" at this stage, if this is not the case, think of a more effective way to control the hazard)	
DATE HAZARD NOTIFIED TO WORKERS: _____	
ADDED TO HAZARD REGISTER YES / NO	DATE HAZARD ADDED TO HAZARD REGISTER: _____
Shop Manager: _____	
Signature: _____	Date: _____