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| Hazard Register Audit |
| **Entity:** |  |
| **Location/Site:** |  |
| **Completed by:** |  |
| **Please attach your Risk or Hazard Register/s to this completed audit document before submitting.**A Sample Risk/Hazard Register and Risk Management Matrix have been provided at the end of this audit document. Some of the questions below refer to these examples. |

| **Questions** | **Yes** | **No** | **Comments/ Actions Required** |
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| Do you have one or more proactive Risk/Hazard Registers (a table that lists all hazards in the organization, whether or not they have been reported by workers or have caused an incident or not)? |  |  |  |
| Does the Register cover all of the main risks present in the organisation? |  |  |  |
| Does the Register list the work area/location for each hazard? *See Sample Column 1* |  |  |  |
| Does the Register list both the Hazard (cause of harm - E.g. Electrical Appliances - *See Sample Column 2*) and Risk (effect of harm- E.g. Electric Shock – *See Sample Column 3*)? |  |  |  |
| Does the Register quantify or rate the uncontrolled risk using a partly objective measure or method such as a risk matrix? *See Sample Columns 4-6* |  |  |  |
| Does the Register list present controls for each risk? *See Sample Column 7* |  |  |  |
| Are the present controls listed clear and current? E.g. Do they refer to well-known and used procedures, documents or current training, rather than just vague principles, e.g. “lift safely”? |  |  |  |
| Does the Register quantify the residual risk after controls are implemented, using a measure such as a risk matrix that takes into account likelihood and consequence? *See Sample Columns 8-10* *and Risk Matrix* |  |  |  |
| Does the Risk Matrix provide definitions for each level of consequence rating?  |  |  |  |
| Is there a maximum tolerable risk rating, or does the Risk Rating determine a timeframe for implementing controls*?**See Sample Column 11* |  |  |  |
| Does the Register list Planned Controls/actions, the person responsible for implementation, and time allocated for each action (or refer to a corrective action register with equivalent information*)?* *See Sample Columns 11-13* |  |  |  |
| Is there a procedure or guide which explains the use of the Risk/Hazard Register? |  |  |  |
| Is the Risk Register available to contractors? |  |  |  |
| Is the Risk Register updated annually? |  |  |  |
| Is the Risk Register updated whenever the following are received:- a hazard report, risk assessment, incident report, audit report, or new hazard control? |  |  |  |
| Is responsibility for updating the Register allocated to a specific person/s? |  |  |  |
| Is the register used to plan future safety activities and allocate time/resources?  |  |  |  |

**Summary of Findings** - Please provide a one paragraph summary of your findings from this audit of your current Hazard Register system and its use, including areas for improvement and planned actions and control measures. This paragraph can then also be copied into the board report for the quarter.

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| *E.g: “XYZ’s hazard Register uses an acceptable format, however it is not complete, and is not being updated regularly. XYZ will do an update of the Register in August, then include requirements for updating the Risk Register in the Risk Control procedure. XYZ has decided to start to include the Risk Register in the induction process for contractors, volunteers and new workers.”* |
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**Sample Risk/Hazard Register**

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| **Area/ Location** | **Hazard** | **Risk** | **Current Controls** | **Likelihood** | **Consequence****ee** | **Risk Rating** | **Planned Controls**(further controls must be planned if risk level is high or above) | **Likelihood** | **Consequence** | **Risk Rating** | **Person Responsible** | **Date Due** |
| Store room | Manual handling of boxes | Musculoskeletal injury | Manual Handling Training provided to all workers annually | Possible | Moderate | Tolerable | Ensure heavy items are placed on middle shelves- allocate storage places on shelves using labels  | Unlikely | Moderate | Tolerable | Rhonda | 27/08/2015 |
| Office | Prolonged sitting/ poor ergonomics | Musculoskeletal injury | Office Ergonomics Self-Assessment is provided in WHS manual  | Possible | Moderate | Tolerable | Ensure all workers carry out the Ergonomics Self-Assessment annually- complete for 2015, and schedule in 2016 activities calendar | Unlikely | Moderate | Tolerable | Rhonda | 27/08/2015 |
| Kitchen | Electric appliances | Electric shock/ electrocution | Electrical Procedure. Tag and Test program. Danger tags available.  | Unlikely | Catastrophic | High | Ensure all workers are signed off on the Electrical Procedure. | Rare | Catastrophic | High | Graham | 31/07/2015 |

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| **Risk Consequence Table** |  | **Risk Likelihood Table** |
| **Value** | **Description** |  | **Value** | **Description** |
| Catastrophic | Fatality or permanent disability |  | Almost Certain | Common or frequent occurrence likely to reoccur |
| Major | Serious injury or illness, unable to resume normal activities within 7 days |  | Likely | Has happened in the last 6 months |
| Moderate | Short term injury or illness, able to resume normal activities in under 7 days |  | Possible | Has happened before or a ‘near miss’ has been recorded |
| Minor | Medical treatment injury |  | Unlikely | Could occur or it has been heard of happening in the industry |
| Insignificant | First aid or no injury |  | Rare | Not likely to occur within the business or industry |
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|  | **Risk Management Matrix** |  |
|  |  | **Likelihood** |  |
|  | **Rare** | **Unlikely** | **Possible** | **Likely** | **Almost Certain** |  |
|  | **Consequence** | **Catastrophic** | High | High | Extreme | Extreme | Extreme |  |
|  | **Major** | Tolerable | Tolerable | High | Extreme | Extreme |  |
|  | **Moderate** | Low | Tolerable | Tolerable | High | High |  |
|  | **Minor** | Very Low | Low | Low | Tolerable | Tolerable |  |
|  | **Insignificant** | Very Low | Very Low | Very Low | Low | Low |  |
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