



Hazard Report Form

This form is for reporting hazards, complete this form if you notice a hazardous situation. Rectify the hazard immediately if you are able to do so and report what action you have taken. If unable to rectify the hazard, state what action you recommend and submit this form to the MN West Safety Department. [See bottom of last page for ways to submit this form.](#)

1. Details of person reporting hazard (Optional)

First/Last Name:	
Center/Program :	
Position:	Phone:
Supervisor/Manager:	

Employee
 Contractor /Volunteer
 Visitor
 Student

2. Identify the hazard

Date hazard identified:	Time hazard identified:
Location of hazard – if external give the nearest room: Campus:	Room:
Other:	
Describe the Hazard:	
Why/How is it a Hazard:	

3. Assess the Risk

To be completed by Safety Department:

The risk rating of a hazard is based on the combination of likelihood, consequence and amount of exposure to a hazard.

Risk Assessment Matrix				
How serious could the injury be?	How likely is it to be that serious?			
	Very likely	Likely	Unlikely	Very unlikely
Death or permanent disability	1	1	2	3
Long term illness or serious injury	1	2	3	4
Medical attention and several days off	2	3	4	5
First aid needed	3	4	5	6

<p>Severity – is a measure of an injury, illness, incidents, or disease occurring. When assessing severity, the most severe category that would be most reasonably expected should be selected.</p>	<p>Likelihood – is defined as the potential that an accident will happen that may cause injury or harm to a person. When making assessment of likelihood, you must establish which of the categories most closely describes the probability of the hazardous incident occurring.</p>
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Consequences Table

1 and 2	Extreme risk; consider elimination of the activity. Otherwise determine controls that are reasonably practicable to minimise the risk.
3 and 4	Moderate risk; determine controls that are reasonably practicable to minimise the risk.
5 and 6	Low risk; manage by routine procedures.

4. Corrective Action Plan – How do you recommend the hazard is controlled?		
Please use the Hierarchy of Controls to complete this corrective action plan, give priority to the hazard being eliminated.		
1. Eliminate	2. Substitute	3. Engineering Control
4. Administrative Control	5. Personal Protective Equipment	
Actions recommended to be taken	By Whom	By When
Consultation with work colleagues, management and other affected parties will assist in indentifying effective controls. Do not identify a person to action an item unless you have spoken with them.		

Manager/Supervisor to complete:

5. Have the control measures been implemented?		
<input type="checkbox"/> YES Date: _____ <input type="checkbox"/> NO Provide comments on action taken to remedy the hazard; or proposed actions		
Signature: _____		
Email hazard report form to :		Date sent: _____

Campus Committee Comments
Provide comments on action taken to remedy the hazard or proposed actions

Health & Safety/Compliance Comments
Provide comments on action taken to remedy the hazard or proposed actions
Signature: _____
Is referral to senior management required? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Referred: _____ To whom: _____

Office Use only:

Follow Up:
Has the hazard been controlled effectively? What if any follow up action is required?
Is a follow up risk assessment required? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12 month(s)
Is entry onto the site Risk Register required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the hazard been closed and or abated?: _____ Date: _____



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Deaf and hard of Hearing Minnesota Relay Service 800-627-3529 or 711