

# Thompson Rivers University – Hazard/Incident Follow-Up Form

Part A – Hazard/Injury Details (Refer to the original hazard and incident form for information)				Office Use Only																																																												
Date of Incident: ..... Surname of Injured Person: ..... Given Name: .....				HI Report No : .....																																																												
Surname of Supervisor: ..... Given Name: ..... Phone: .....																																																																
Surname of person who reported hazard/incident: ..... Given name: ..... Phone: .....																																																																
<b>PART B – Risk Assessment Review</b> (To be completed by supervisor of area with consultation of employees)																																																																
Have the control measures described in the initial report been completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																
If no please state reason and expected completion? .....																																																																
Has the control measures implemented introduced any new hazards? : <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																
If yes, describe the hazard: .....																																																																
<b>PART C – Risk Assessment Review</b> (To be completed by supervisor of area with consultation of employees)																																																																
<b>Step 1 – Consider the Consequences</b> What are the consequences of this incident occurring? Consider what <u>could reasonably</u> have happened as well as what actually happened. Look at the descriptions and choose the most suitable Consequence. <div style="text-align: center; background-color: #90EE90; padding: 2px;"><b>CONSEQUENCES</b></div>		<b>Step 2 – Consider the Likelihood</b> What is the likelihood of the consequence identified in step 1 happening? Consider this without new or interim controls in place. Look at the descriptions and choose the most suitable Likelihood. <div style="text-align: center; background-color: #ADD8E6; padding: 2px;"><b>LIKELIHOOD</b></div>		<b>Step 3 – Calculate the Risk</b> 1. Take step 1 rating and select the correct column 2. Take Step 2 rating and select the correct line 3. Circle the risk score where the two ratings cross on the matrix below. H = High, M = Medium, L = Low Risk Score = .....																																																												
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Determine Appropriate controls to minimize the risk of injury with priority being the elimination of the hazard(s) contributing to the occurrence.																																																																
Hierarchy of Controls		Action Taken/Recommended		Whom																																																												
When		Job No (If app.)																																																														
1. Elimination (remove the hazard)																																																																
2. Substitution (use an alternative)																																																																
3. Isolate (reduce exposure)																																																																
4. Redesign (change equipment or process)																																																																
5. Administration (change work practice)																																																																
6. Personal Protective Equipment (i.e. gloves eyewear, respirator)																																																																
<b>PART E – Sign Off</b> (Please forward original to the OHS Department when completed)																																																																
Reportee Signature: .....		Supervisor Name: .....		Supervisor Signature : .....																																																												
Date :     /     /     (year/month/day)				Date :     /     /     (year/month/day)																																																												