

TO RECORD ALL PROBLEMS / COMPLAINTS / HAZARDS / INCIDENTS / ACCIDENTS /
RISK MANAGEMENT

Date: Reported By: Reference No:

Signed: I hereby report the following Problem / Complaint / Hazard /
Incident / Accident/ Risk (Delete not applicable)

.....
.....
.....

Location:.....

I have assessed this report and consider it VALID / NOT VALID for the following reasons:-

.....
.....

And/or have assessed the risk:.....

Potential Consequences = Rating as determined from the risk scales

Likelihood =Rating determined from the risk scales

Risk (before corrective action) =Assessed using the risk matrix.

Assigned to for Corrective Action:(Name)

I have carried out the following Corrective Action or adopted the following control(s) to mitigate
risk:

.....
..... Risk review required date:..... Mitigated risk rating =

Signed: Date Completed:/...../.....The Corrective Action or risk
associated with this report has been re

assessed:.....

Signed: Haz Register, SMS, RM Manual, OMM, Ops Man Date:/...../.....
(circle changes) (Operations Manager)

.....
Except for Review of any Risk Controls this Report has been:.....

.....
and is now CLOSED.

Signed: Date:/...../..... (Internal Auditor)

This form is to be filed in the Safety Manager's Office for a minimum period of 12 months following the date of issue.