

# Hazard Identification Form

|                 |                                         |                |                                       |
|-----------------|-----------------------------------------|----------------|---------------------------------------|
| Document number | SRL-CR-060                              | Version        | 2.3                                   |
| Document owner  | Priya Sharma, National WHS Manager      | Effective date | 1 July 2027                           |
| Approved by     | Rajesh Iyengar, Chief Executive Officer | Next review    | July 2028                             |
| Applies to      | Perth DC                                | Status         | Controlled. Uncontrolled when printed |

## When to use this form

Record any hazard you see at Perth DC. Give the completed form to the WHS Coordinator (Daniela Marquez), who will enter it in the Risk Register.

**If the hazard could cause serious harm, tell your Shift Supervisor straight away.** Work may need to stop until interim controls are in place.

## 1 REPORTER DETAILS

|                        |  |
|------------------------|--|
| Reporter name          |  |
| Role or position       |  |
| Work group             |  |
| Date and time observed |  |
| Location at Perth DC   |  |

## 2 HAZARD DESCRIPTION

Hazard category (tick one or more)

|                                                        |                                                 |                                                 |
|--------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Manual handling               | <input type="checkbox"/> Mobile plant           | <input type="checkbox"/> Vehicles and traffic   |
| <input type="checkbox"/> Slips, trips and falls        | <input type="checkbox"/> Working at height      | <input type="checkbox"/> Electrical             |
| <input type="checkbox"/> Chemicals and dangerous goods | <input type="checkbox"/> Confined space         | <input type="checkbox"/> Noise                  |
| <input type="checkbox"/> Heat and cold                 | <input type="checkbox"/> Psychosocial           | <input type="checkbox"/> Fatigue and shift work |
| <input type="checkbox"/> Violence and aggression       | <input type="checkbox"/> Other (describe below) |                                                 |

**Describe the hazard: what it is, where it is, who is exposed and when it occurs.**

### 3 WORK GROUPS EXPOSED

For example: pickers in Zone B, all forklift operators, contractors working at dock 3, visitors entering the dock.

### 4 SUGGESTED CONTROLS

Interim or permanent controls you think would reduce the risk.

### 5 WHS COORDINATOR USE ONLY

|                                                         |  |
|---------------------------------------------------------|--|
| <b>Risk Register reference</b>                          |  |
| <b>Initial risk rating (Low, Medium, High, Extreme)</b> |  |
| <b>Assigned to</b>                                      |  |
| <b>Target review date</b>                               |  |
| <b>WHS Coordinator signature</b>                        |  |