

HAZARD REGISTER

Worksite/location:												
Hazards identified	Potential harm	Significant hazard?		Eliminate	Isolate	Minimise	Hazard controls	Training or information required?	Regular checks of hazard controls in place			
		Yes	No						Date checked	Date checked	Date checked	Date checked
<i>Example: Effluent Pond</i>	<i>Children drowning</i>	✓			✓		<ul style="list-style-type: none"> > Fence off > Repair fence when damaged 	> Note on farm map	10/06/14			

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PHOTOCOPY THIS FORM AND USE ONE FOR EACH WORKSITE OR LOCATION.