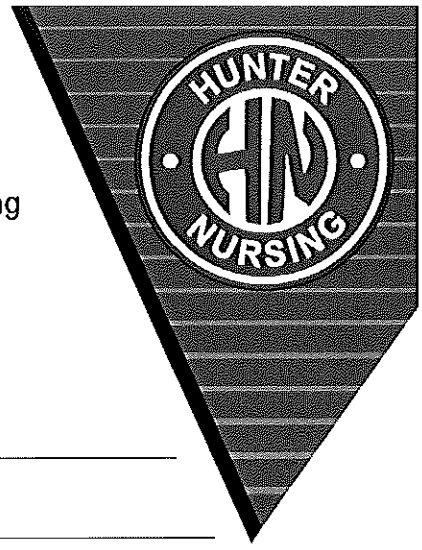


# Occupational Risk Detail Sheet

All Hunter Nursing Pty Ltd Staff have a "duty of care" to inform Hunter Nursing Pty Ltd of any actual or potential occupational risks by completing this Occupational Risk Detail Sheet.



Date: \_\_\_\_\_

Staff Member Listing Risk: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Risk Identified: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Risk Assessment:

(Please tick)

- Low Risk \_\_\_\_\_
- Medium Risk \_\_\_\_\_
- High Risk \_\_\_\_\_
- Extreme Risk \_\_\_\_\_

Recommended Action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full Name and Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only:**

If action is required, what action was taken and by whom:

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Outcome:

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Full Name and Signature of HN Office staff member who dealt with this Occupational Risk.

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_