

Risk Register



Location: _____

Date of Issue: _____

Hazard: _____

Notifiable Event?

Potential Outcome: _____

Yes

Controls: _____

No

Training or information required:

Action Required

Eliminate

Who's responsible? _____

Minimise

Regular checks of risk controls in place:

Date checked _____

Date checked _____

Date checked _____

Initial _____

Initial _____

Initial _____

Date checked _____

Date checked _____

Date checked _____

Initial _____

Initial _____

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Hazard: _____

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