



Use the information from part 5 to complete this form

# Risk control form

Part 6

Company:	Department:	Site name:
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Work activity and risk level <small>(from risk assessment form)</small>	Existing risk controls <small>(in relation to the work activity)</small>	Further risk controls required <small>(in relation to the work activity)</small>	Residual risk <small>(in relation to the work activity)</small>			Description of monitoring required <small>(in relation to the residual risk)</small>
			Probable Likelihood	X	Potential Consequence	
<b>Manual handling</b>  Risk level: 6 <input style="width: 20px; height: 20px;" type="checkbox"/>	<b>Manual handling training provided</b> <input style="width: 20px; height: 20px;" type="checkbox"/>	<b>e.g. Provide an appropriate cart and deliver training for its use</b> <input style="width: 20px; height: 20px;" type="checkbox"/>	1 <input style="width: 20px; height: 20px;" type="checkbox"/>	3 <input style="width: 20px; height: 20px;" type="checkbox"/>	3 <input style="width: 20px; height: 20px;" type="checkbox"/>	<b>Check that handling aid is being used during management safety tour.</b> <b>Inspect training records</b> Frequency: <b>Monthly</b> <input style="width: 20px; height: 20px;" type="checkbox"/>
<b>Make sure that you carry the activity title and risk level over from part 5</b> <input style="width: 20px; height: 20px;" type="checkbox"/>	<b>If no controls exist state that there are no existing controls</b> <input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<b>In our example using a cart would reduce the amount of manual handling. The cart would still need to be loaded by hand. As there is less handling the likelihood is reduced but the consequence, should something go wrong, remains the same.</b>			<b>Review SSoW is a common answer but this doesn't amount to monitoring the activity. Missing the frequency is another common mistake.</b> <input style="width: 20px; height: 20px;" type="checkbox"/>
Risk level: <input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	Frequency: <input style="width: 20px; height: 20px;" type="checkbox"/>

Date:	Review period:	Date of next review:
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Assessor's name:	Position:	Signature:
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Please sign to confirm that this is your own work: \_\_\_\_\_