

Date of issue:

# RISK REGISTER

Worksite/location:												
Risks identified	Potential harm	Significant risk?		Eliminate	Isolate	Minimise	Risk controls	Training or information required?	Regular checks of risk controls in place			
		Yes	No						Date checked	Date checked	Date checked	Date checked
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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