

NAME OF PERSON COMPLETING THE CONTROL PLAN \_\_\_\_\_

NOTE: PLEASE ALLOCATE A CONTROL PLAN NUMBER & ENTER IT ON YOUR CHECKLIST

CONTROL PLAN NUMBER \_\_\_\_\_ BUILDING & ROOM NUMBER \_\_\_\_\_

HAZARD \_\_\_\_\_ TASK/PROCESS \_\_\_\_\_

If the answer to the first question is 'yes', then follow through each option in turn and record the actions to be taken. It may be best to use a combination of control measures.

Note: Provide adequate training where required.

