

RISK MANAGMENT CHECKLIST - CONTROL SHEET

Checklist #	Name	Date Issued #1	Signature	Date returned #1	Initial	Action required	Action Taken	Date Issued #2	Name	Signature	Date Returned #2	Initial
1		/ /		/ /		Yes / No		/ /			/ /	
2		/ /		/ /		Yes / No		/ /			/ /	
3		/ /		/ /		Yes / No		/ /			/ /	
4		/ /		/ /		Yes / No		/ /			/ /	
5		/ /		/ /		Yes / No		/ /			/ /	
6		/ /		/ /		Yes / No		/ /			/ /	
7		/ /		/ /		Yes / No		/ /			/ /	
8		/ /		/ /		Yes / No		/ /			/ /	
9		/ /		/ /		Yes / No		/ /			/ /	
10		/ /		/ /		Yes / No		/ /			/ /	
11		/ /		/ /		Yes / No		/ /			/ /	
12		/ /		/ /		Yes / No		/ /			/ /	
13		/ /		/ /		Yes / No		/ /			/ /	
14		/ /		/ /		Yes / No		/ /			/ /	
15		/ /		/ /		Yes / No		/ /			/ /	
16		/ /		/ /		Yes / No		/ /			/ /	