



**CENTRAL DISTRICT HEALTH
ACTIVE MANAGERIAL RISK CONTROL PLAN**

Establishment Name

Establishment Address

Risk Control Plan

A **Risk Control Plan** consists of **SIMPLE CONTROL MEASURES** that can be integrated into the daily activities of the business operation **FOR A SPECIFIC RISK FACTOR**.

Why does a hazard or risk exist?

What is to be controlled?

Who is responsible for control?

Where will it be controlled?

When will it be controlled?

How will it be controlled?

What corrective action will be taken if the **RISK FACTOR** is out of control or the **CRITICAL LIMITS** are not met?

What documentation will assure this **RISK FACTOR** is controlled?

Person in Charge Signature

Printed Name

Date

EHS Signature

Printed Name

Date