RISK MITIGATION PLAN

WORK DESCRIPTION:				
IS THE RISK MITIGATION EMERGENCY WO	RK? (YES/No): □ YES □ No			
LOCATION:				
WORK ORDER (REF) #:				
PLANNED START DATE:				
PLANNED END DATE:				
PERSON IN CHARGE:	CELL PHONE NO.			
COMPANY:				
RISK MITIGATION PLAN PREPARED BY:				
RISK MITIGATION PLAN REVIEWED BY:				
RISK MITIGATION PLAN APPROVED BY:		DATE		
PARTICIPANTS				
NAME	Position & Contact #	Agency / Company		

RISK MITIGATION PLAN WORKSHEET

PERSON IN CHARGE	WORK ORDER (REF) #	Check Off as discussed during Job Brief/ Tail
1) DESCRIBE THE PURPOSE/SCOPE AND PLANNED DURATION OF JOB OR ACTIVITY:		board

2) EXPLAIN WHY THIS IS A HIGH RISK ACTIVITY (E.G. EQUIPMENT/ CUSTOMER IMPACTED)

RISK MITIGATION PLAN WORKSHEET

Person In Charge	Work Order (REF) #	Check Off as discussed during Job Brief/ Tail	
3) LIST & REVIEW CRITICAL STEPS NEEDED TO COMPLETE HIGH RISK ACTIVITY			
4) List other departments/ work groresponsibilities)	OUPS NEEDED TO COMPLETE TASK	(ROLES &	
5) LIST SPECIAL SAFETY HAZARDS, PRECAUTION TRAINING NEEDED TO COMPLETE THE TASK	NS, OVERSIGHT, HUMAN PERFORMANC	E TOOLS OR	
6) LIST& REVIEW APPLICABLE TOOLS / EQUIPMENT	AND PROCEDURES (LEVEL 1, 2)		

RISK MITIGATION PLAN WORKSHEET

PERSON IN CHARGE		Check Off as discussed during Job Brief/ Tail board
7) List CRITICAL STEPS THAT MAY IMPA	CT RELIABILITY RISK	
	AL STEP(S) SHALL BE MONITORED OR AUTHORIZED BY WORK CHARGE, SUPERVISOR, AREA/GROUP MANAGER).	
Comments may be written on a	separate sheet of paper and attached to this form	Check Off as discussed during Job Brief/ Tail board
PLAN DEVELOPMENT:	APPROVAL DATE:	
PERSON IN CHARGE		
SUPERVISOR		
PROJECT MANAGER		