# NEW OR POTENTIAL RISK FORM

*Complete this form if there is a risk (or potential risk) that is not yet recorded in the Risk Register.*

*When completed please return to the Office or send to: mail@clt-trust.co.nz.*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed by:

What happened:

Location:

Other workers exposed to the risk:

Control options to be investigated: