SAMPLE FORM FOR THE RISK MANAGEMENT PROCESS



This form can help set out your risk management process for managing cash-in-transit security risks.

Using this form is not mandatory—you can use whatever means are most useful and practical to manage risks at your workplace.

Customer Name		Branch of Business		
Date of Assessment		Assessor's Name		
Client Code		Servicing Branch/es		
Customer Address		Post Code		
Name of Contact		Telephone	T:	
		Fax No	F:	
Days of Service	мПтПWПтПF	\square s \square s \square		
When Required	Maximum Daily Value	\$ Collection:	\$ Delivery	
Service Provided	Armoured	Non-Armoured	АТМ	Time
☐ 2 Key Safe	☐ Banking Service	☐ Banking Service	Replenishment	Travel Time
☐ Cash Collection	☐ Re-Carry	☐ Re-Carry	☐ Break Down Service	Survey Time
☐ Bulk Deliver	☐ Receipt for Cash	☐ Receipt for Cash		Admin Time
☐ Payroll	☐ Cheque for Cash	☐ Cheque for Cash		Km Travel
☐ Other	☐ Armoured Service			



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Special Client Instructions	S:		
Recommended Parking (see work site map)		
All security providers sho	ould vary parking within de	signated guidelines	
☐ On Site	☐ Parking Meter	☐ Loading Zone	☐ Street
☐ Off Street	☐ Parking Station	☐ Loading Dock	☐ Designated (as per map)
Notes:			
Street Directory		MAP REFERENCE	
MAP NUMBER			
SPECIAL SECURITY INST	TRUCTIONS		
PAVEMENT HAZARDS (a	s per map)		
☐ Offender Concealment	☐ Public Access	☐ Obstacles	☐ Access to Client Premises
□ Lighting	☐ Approach Route	☐ Car Parks	☐ Poorly Visible Route
Comments:			
CLIENT WORK SITE (Inte	ernal) HAZARDS		
☐ Access	☐ Obstacle	☐ Areas of Concealment	☐ Public Access
☐ Fire Doors	☐ Stairwells	☐ Doorways	☐ Passageways
□ Lifts	☐ Escalators		
Comments:			

CLIENT WORK SITE SECURITY FEATURES						
☐ Cash Office	☐ Hold-up Alarm	☐ On Site Secu	ırity	☐ On Site Security Armed		
☐ Access Control	☐ Closed Circuit Television Coverage	☐ Other				
Comments:						
			1			
COMMUNICATIONS	INITIAL WORK SITE		RE-CA	RRY WORK SITE		
Vehicle to Control	☐ Satisfactory		☐ Satisfactory			
	Unsatisfactory—Co	ounter Measure	☐ Unsatisfactory—Counter Measure (See Comments)			
Portable to Vehicle	☐ Satisfactory		☐ Satisfactory			
	☐ Unsatisfactory—Counter Measure (See Comments)		☐ Unsatisfactory—Counter Measure (See Comments)			
Mobile Phone	☐ Satisfactory		☐ Satisfactory			
	☐ Unsatisfactory—Co (See Comments)	ounter Measure	☐ Uns (Se	satisfactory—Counter Measure e Comments)		
TRANSPAC Mobile Data	☐ Not Applicable					
Comments:						

WORK SITE MAP / PHOTOGRAPH						
CLIENT WORK SITE HAZARD IDENTIFICATION AND RISK ASSESSMENT						
Client Name and Address						
Assessed by		Date				
Signatures	1.	2.				

To be completed by Security or Safety Officer for new client work sites for the delivery, collection and processing of cash.

Identify hazard, assess risk level (High, Med and Low), detail risks and suggest controls.

POTENTIAL HAZARD	PRELIMINARY RISK ASSESSMENT (Tick one box in each row)				RISKS IDENTIFIED
EXTERNAL TO CLIENT'S PREMISES	HIGH	MED	LOW	N/A	
Client entrance identification					
2. Vehicle park position					
3. Vehicle to entrance walking route					
Environmental (e.g. lighting, extreme temperatures)					
5. Hazardous manual tasks					
6. Entrance access					
7. Transit route and time					
8. Other external hazards					

POTENTIAL HAZARD	PRELIMINARY RISK ASSESSMENT (Tick one box in each row)			RISKS IDENTIFIED	
INTERNAL TO CLIENT'S PREMISES	HIGH	MED	LOW	N/A	
9. Route to service point					
10. Emergency exits					
11. Service point hazards					
12. Hazardous manual tasks					
13. Environment					
14. Other internal hazards					

RISK CONTROL ACTION PLAN

Enter controls for the risks identified into the appropriate section of the Risk Control Action Plan, for example:

- Altering a door lock or using a trolley is an engineering control.
- Fencing off access to a piece of plant is an isolation control.
- Changing a security procedure or implementing correct handling for hazardous manual tasks is an administrative control.

RISK CONTROL ACTION PLAN							
TYPE OF RISK CONTROL	RISK CONTROLS	TIMEFRAME	DATE DONE	SIGN OFF			
Elimination and substitution							
Isolation							
Engineering solutions							
Administration and training							
Personal Protective Equipment							
Manager Name			Date				
Health and Safety Rep. Name			Date				