**Company Name**

### RISK TREATMENT PLAN

|  |  |  |  |
| --- | --- | --- | --- |
| ***Created by:*** |  | ***Date:*** |  |
| ***Risk:*** |  |
| ***ID:*** |  |
| ***Event:*** |  |
| ***Risk owner*** |  |
| ***Proposed risk treatment:*** |  |
| ***Reasons for the proposed risk treatment, including expected benefits:*** |  |
| ***Responsibility for implementing the Proposed Risk Treatment:*** |  |
| ***Resources required (if additional to above):*** |  |
| ***Method Statement:*** |  |
| ***Programme (i.e. timescale for specific elements of the Method Statement to be met):*** |  |
| ***Performance measure:*** |  |
| ***Reporting frequency:*** |  |
| ***Responsibility for reporting:*** |  |
| ***Residual risk (if any):*** |  |
| ***RR ID:*** |  |

This form is to be signed by the Risk Owner prior to work commencing on the Risk Treatment.

Signed by (Risk Owner): ....................................................... Date: ......................................

|  |  |  |  |
| --- | --- | --- | --- |
| ***Reviewed on:*** |  | ***Next review date:*** |  |
| ***Reviewed on:*** |  | ***Next review date:*** |  |
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