|  |
| --- |
| This document was generated using a modifiable template that is owned by the Workers’ Compensation Board (“WorkSafeBC”) and published on worksafebc.com. The template is for information purposes only and may be used for non-commercial, personal, or educational purposes to help promote occupational health and safety, including as part of a health and safety program.Use of WorkSafeBC’s template does not constitute an endorsement, express or implied, of any person, service provider, service, or product.Use of WorkSafeBC’s template is at your own risk. WorkSafeBC does not warrant the quality, accuracy, or completeness of any information contained in the template, which is provided “as is” without warranty or condition of any kind.Template publication date: March 2022 |

This template is used as part of the process for creating a key risk inventory (KRI). For information on how to use this template to help you develop a KRI, please review the companion guide, [Creating a Key Risk Inventory for Your Workplace: Engaging Your Workers to Manage Risks](https://www.worksafebc.com/en/resources/health-safety/books-guides/creating-key-risk-inventory).

**How to use this template**

1. **Collect information for your key risk inventory (KRI).** You can use the template starting on the next page to summarize information from your interviews with workers. Either enter the information directly into this Word document, or print it out and enter the information by hand. If you run out of room, copy and paste additional blank entry boxes into the Word document, or print or photocopy additional blank pages. The following completed key risk entry is provided as a sample:

**Sample key risk entry**



1. **Create a simple spreadsheet with the collected information.** Once you’ve finished collecting and summarizing information from worker interviews using this template, you can enter this information into a spreadsheet—like Excel or Google Sheets—to create an easy-to-use and searchable key risk inventory.

This template design aligns with the inventory details needed for a KRI, and we’ve included an example of a KRI spreadsheet format showing a sample entry on page 9 of [the companion guide](https://www.worksafebc.com/en/resources/health-safety/books-guides/creating-key-risk-inventory).

**Note:** Once you are familiar with collecting information for your KRI, you can discard this cover sheet.

|  |  |
| --- | --- |
| Risk ID# Unique identifier for future tracking.      | What is the task or activity? Be specific. You can describe part of a task or activity.      |
| What is unsafe and who can get hurt? Describe the hazard and list the occupations.      |
| What is in place now to prevent you or others from getting hurt?  List the current risk controls. Indicate if there are none.      |
| How could it be made safer? What should be done? Are existing controls working? Are they sufficient?      |
| What are the interim and permanent control measures? Which option is best at this time? It can be an interim option. What is the plan going forward?      |
| Who is responsible for the control measures? Identify the person and title responsible or accountable for the action.      | Action completion date (YYYY/MM/DD) Completion means the control measure is in place and operational.      |

|  |  |
| --- | --- |
| Risk ID# Unique identifier for future tracking.      | What is the task or activity? Be specific. You can describe part of a task or activity.      |
| What is unsafe and who can get hurt? Describe the hazard and list the occupations.       |
| What is in place now to prevent you or others from getting hurt?  List the current risk controls. Indicate if there are none.      |
| How could it be made safer? What should be done? Are existing controls working? Are they sufficient?      |
| What are the interim and permanent control measures? Which option is best at this time? It can be an interim option. What is the plan going forward?      |
| Who is responsible for the control measures? Identify the person and title responsible or accountable for the action.      | Action completion date (YYYY/MM/DD) Completion means the control measure is in place and operational.      |

|  |  |
| --- | --- |
| Risk ID# Unique identifier for future tracking.      | What is the task or activity? Be specific. You can describe part of a task or activity.      |
| What is unsafe and who can get hurt? Describe the hazard and list the occupations.      |
| What is in place now to prevent you or others from getting hurt?  List the current risk controls. Indicate if there are none.      |
| How could it be made safer? What should be done? Are existing controls working? Are they sufficient?      |
| What are the interim and permanent control measures? Which option is best at this time? It can be an interim option. What is the plan going forward?      |
| Who is responsible for the control measures? Identify the person and title responsible or accountable for the action.      | Action completion date (YYYY/MM/DD) Completion means the control measure is in place and operational.      |

|  |  |
| --- | --- |
| Risk ID# Unique identifier for future tracking.      | What is the task or activity? Be specific. You can describe part of a task or activity.      |
| What is unsafe and who can get hurt? Describe the hazard and list the occupations.      |
| What is in place now to prevent you or others from getting hurt?  List the current risk controls. Indicate if there are none.      |
| How could it be made safer? What should be done? Are existing controls working? Are they sufficient?      |
| What are the interim and permanent control measures? Which option is best at this time? It can be an interim option. What is the plan going forward?      |
| Who is responsible for the control measures? Identify the person and title responsible or accountable for the action.      | Action completion date (YYYY/MM/DD) Completion means the control measure is in place and operational.      |

|  |  |
| --- | --- |
| Risk ID# Unique identifier for future tracking.      | What is the task or activity? Be specific. You can describe part of a task or activity.      |
| What is unsafe and who can get hurt? Describe the hazard and list the occupations.      |
| What is in place now to prevent you or others from getting hurt?  List the current risk controls. Indicate if there are none.      |
| How could it be made safer? What should be done? Are existing controls working? Are they sufficient?      |
| What are the interim and permanent control measures? Which option is best at this time? It can be an interim option. What is the plan going forward?      |
| Who is responsible for the control measures? Identify the person and title responsible or accountable for the action.      | Action completion date (YYYY/MM/DD) Completion means the control measure is in place and operational.      |

|  |  |
| --- | --- |
| Risk ID# Unique identifier for future tracking.      | What is the task or activity? Be specific. You can describe part of a task or activity.      |
| What is unsafe and who can get hurt? Describe the hazard and list the occupations.      |
| What is in place now to prevent you or others from getting hurt?  List the current risk controls. Indicate if there are none.      |
| How could it be made safer? What should be done? Are existing controls working? Are they sufficient?      |
| What are the interim and permanent control measures? Which option is best at this time? It can be an interim option. What is the plan going forward?      |
| Who is responsible for the control measures? Identify the person and title responsible or accountable for the action.      | Action completion date (YYYY/MM/DD) Completion means the control measure is in place and operational.      |

|  |  |
| --- | --- |
| Risk ID# Unique identifier for future tracking.      | What is the task or activity? Be specific. You can describe part of a task or activity.      |
| What is unsafe and who can get hurt? Describe the hazard and list the occupations.      |
| What is in place now to prevent you or others from getting hurt?  List the current risk controls. Indicate if there are none.      |
| How could it be made safer? What should be done? Are existing controls working? Are they sufficient?      |
| What are the interim and permanent control measures? Which option is best at this time? It can be an interim option. What is the plan going forward?      |
| Who is responsible for the control measures? Identify the person and title responsible or accountable for the action.      | Action completion date (YYYY/MM/DD) Completion means the control measure is in place and operational.      |

|  |  |
| --- | --- |
| Risk ID# Unique identifier for future tracking.      | What is the task or activity? Be specific. You can describe part of a task or activity.      |
| What is unsafe and who can get hurt? Describe the hazard and list the occupations.      |
| What is in place now to prevent you or others from getting hurt?  List the current risk controls. Indicate if there are none.      |
| How could it be made safer? What should be done? Are existing controls working? Are they sufficient?      |
| What are the interim and permanent control measures? Which option is best at this time? It can be an interim option. What is the plan going forward?      |
| Who is responsible for the control measures? Identify the person and title responsible or accountable for the action.      | Action completion date (YYYY/MM/DD) Completion means the control measure is in place and operational.      |

|  |  |
| --- | --- |
| Risk ID# Unique identifier for future tracking.      | What is the task or activity? Be specific. You can describe part of a task or activity.      |
| What is unsafe and who can get hurt? Describe the hazard and list the occupations.      |
| What is in place now to prevent you or others from getting hurt?  List the current risk controls. Indicate if there are none.      |
| How could it be made safer? What should be done? Are existing controls working? Are they sufficient?      |
| What are the interim and permanent control measures? Which option is best at this time? It can be an interim option. What is the plan going forward?      |
| Who is responsible for the control measures? Identify the person and title responsible or accountable for the action.      | Action completion date (YYYY/MM/DD) Completion means the control measure is in place and operational.      |

|  |  |
| --- | --- |
| Risk ID# Unique identifier for future tracking.      | What is the task or activity? Be specific. You can describe part of a task or activity.      |
| What is unsafe and who can get hurt? Describe the hazard and list the occupations.      |
| What is in place now to prevent you or others from getting hurt?  List the current risk controls. Indicate if there are none.      |
| How could it be made safer? What should be done? Are existing controls working? Are they sufficient?      |
| What are the interim and permanent control measures? Which option is best at this time? It can be an interim option. What is the plan going forward?      |
| Who is responsible for the control measures? Identify the person and title responsible or accountable for the action.      | Action completion date (YYYY/MM/DD) Completion means the control measure is in place and operational.      |

|  |  |
| --- | --- |
| Risk ID# Unique identifier for future tracking.      | What is the task or activity? Be specific. You can describe part of a task or activity.      |
| What is unsafe and who can get hurt? Describe the hazard and list the occupations.      |
| What is in place now to prevent you or others from getting hurt?  List the current risk controls. Indicate if there are none.      |
| How could it be made safer? What should be done? Are existing controls working? Are they sufficient?      |
| What are the interim and permanent control measures? Which option is best at this time? It can be an interim option. What is the plan going forward?      |
| Who is responsible for the control measures? Identify the person and title responsible or accountable for the action.      | Action completion date (YYYY/MM/DD) Completion means the control measure is in place and operational.      |