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.

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| **Customer Name** | |  | | **Branch of Business** |  | |
| **Date of Assessment** | |  | | **Assessor’s**  **Name** |  | |
| **Client Code** | |  | | **Servicing Branch/es** |  | |
| **Customer Address** | |  | | **Post Code** |  | |
| **Name of Contact** | |  | | **Telephone**  **Fax No** | T:  F: | |
| **Days of Service** | | M ⬜ T ⬜ W ⬜ T ⬜ F ⬜ S ⬜ S ⬜ | | |  | |
| **When Required** | | **Maximum Daily Value** | | **$ Collection:** | **$ Delivery** | |
| **Service Provided** | **Armoured** | | **Non-Armoured** | | **ATM** | **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: | | | | | |
| **Recommended Parking (see work site map)**  **All security providers should vary parking within designated guidelines** | | | | | |
| ⬜ On Site | ⬜ Parking Meter | | ⬜ Loading Zone | | ⬜ Street |
| ⬜ Off Street | ⬜ Parking Station | | ⬜ Loading Dock | | ⬜ Designated (as per map) |
| Notes: | | | | | |
| **Street Directory**  **MAP NUMBER** | |  | | **MAP REFERENCE** |  |

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| **SPECIAL SECURITY INSTRUCTIONS** | | | | | |
| **PAVEMENT HAZARDS (as per map)** | | | | | |
| ⬜ Offender Concealment | | ⬜ Public Access | | ⬜ Obstacles | ⬜ Access to Client Premises |
| ⬜ Lighting | | ⬜ Approach Route | | ⬜ Car Parks | ⬜ Poorly Visible Route |
| Comments: | | | | | |
| **CLIENT WORK SITE (Internal) HAZARDS** | | | | | |
| ⬜ Access | ⬜ Obstacle | | ⬜ Areas of Concealment | | ⬜ Public Access |
| ⬜ Fire Doors | ⬜ Stairwells | | ⬜ Doorways | | ⬜ Passageways |
| ⬜ Lifts | ⬜ Escalators | |  | |  |
| Comments: | | | | | |

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| **CLIENT WORK SITE SECURITY FEATURES** | | | | | |
| ⬜ Cash Office | ⬜ Hold-up Alarm | | ⬜ On Site Security | | ⬜ On Site Security Armed |
| ⬜ Access Control | ⬜ Closed Circuit Television  Coverage | | ⬜ Other | |  |
| Comments: | | | | | |
| **COMMUNICATIONS** | | **INITIAL WORK SITE** | | **RE-CARRY WORK SITE** | |
| Vehicle to Control | | ⬜ Satisfactory | | ⬜ Satisfactory | |
| ⬜ Unsatisfactory—Counter Measure (See Comments) | | ⬜ 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—Counter Measure (See Comments) | | ⬜ Unsatisfactory—Counter Measure (See Comments) | |
| TRANSPAC Mobile Data | | ⬜ Not Applicable | |  | |
| Comments: | | | | | |

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| **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.

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| **POTENTIAL HAZARD** | **PRELIMINARY RISK ASSESSMENT**  (Tick one box in each row) | | | | **RISKS IDENTIFIED** |
| **EXTERNAL TO CLIENT’S PREMISES** | HIGH | MED | LOW | N/A |  |
| 1. Client entrance identification | ⬜ | ⬜ | ⬜ | ⬜ |  |
| 1. Vehicle park position | ⬜ | ⬜ | ⬜ | ⬜ |  |
| 1. Vehicle to entrance walking route | ⬜ | ⬜ | ⬜ | ⬜ |  |
| 1. Environmental (e.g. lighting, extreme temperatures) | ⬜ | ⬜ | ⬜ | ⬜ |  |
| 1. Hazardous manual tasks | ⬜ | ⬜ | ⬜ | ⬜ |  |
| 1. Entrance access | ⬜ | ⬜ | ⬜ | ⬜ |  |
| 1. Transit route and time | ⬜ | ⬜ | ⬜ | ⬜ |  |
| 1. Other external hazards | ⬜ | ⬜ | ⬜ | ⬜ |  |

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| **POTENTIAL HAZARD** | **PRELIMINARY RISK ASSESSMENT**  (Tick one box in each row) | | | | **RISKS IDENTIFIED** |
| **INTERNAL TO CLIENT’S PREMISES** | HIGH | MED | LOW | N/A |  |
| 1. Route to service point | ⬜ | ⬜ | ⬜ | ⬜ |  |
| 1. Emergency exits | ⬜ | ⬜ | ⬜ | ⬜ |  |
| 1. Service point hazards | ⬜ | ⬜ | ⬜ | ⬜ |  |
| 1. Hazardous manual tasks | ⬜ | ⬜ | ⬜ | ⬜ |  |
| 1. Environment | ⬜ | ⬜ | ⬜ | ⬜ |  |
| 1. 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.

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| **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** |  |