Logo	Critical Controls Management Register – (C2MR)	Doc Ref #: XYZ/IMS/HSE/F/00 Issue Date: DD-MM-YYYY Rev #: 00
	QHSE Forms	
	Organization Name	

C2MR Ref #		Project Name	
Prepared By		Approved By	

S/#	Unwanted Event	Relevant Controls	High Consequences	Critical Control Measures	Performance	Performance Period	Responsible person
1							
2							
3							
4							
5							
6							
7							

Critical Controls Communication – (C3)				
S/#	Employee Name	Employee Designation	Employee ID #	Employee Signature
1				
2				
3				
4				

5				