

Logo	<b>Critical Controls Management Register – (C2MR)</b>	<b>Doc Ref #:</b> XYZ/IMS/HSE/F/00 <b>Issue Date:</b> DD-MM-YYYY <b>Rev #:</b> 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				

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	Organization Name				

5				
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