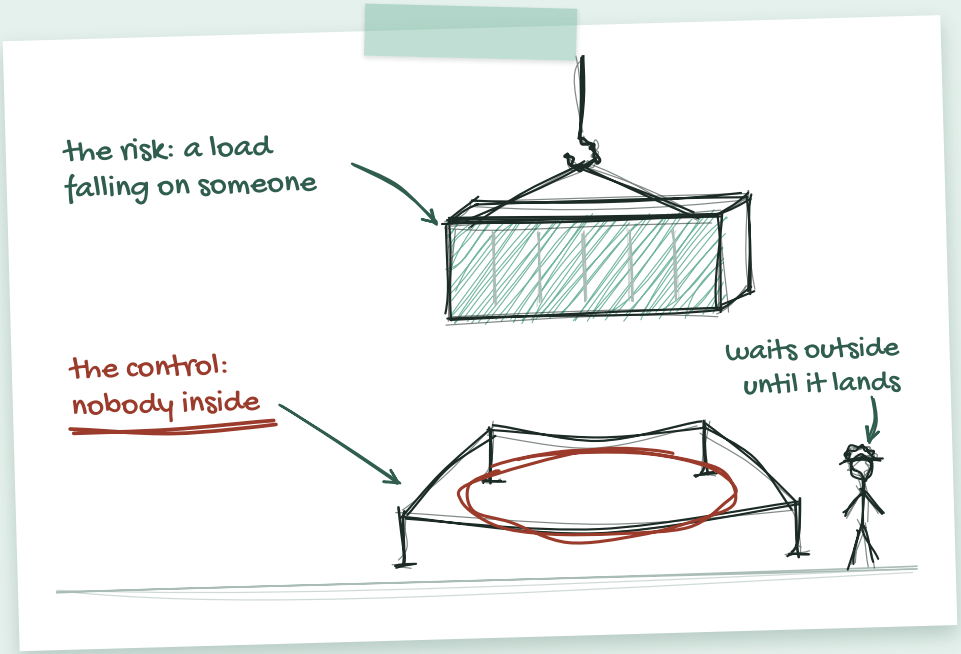
vimes consulting

Field guide 6



Critical risks and critical controls

Finding the risks that could kill or seriously harm someone, and making sure the controls that stop them don't fail.

For middle managers and senior leaders in Aotearoa New Zealand

Health and safety field guide 6
Edition 2.3
Published 27 October 2026

The alarms came back

He was 23, and he drove a straddle carrier on the wharf at Ports of Auckland.

Early on 27 August 2018, on a night shift, he made a tight U-turn. His straddle tipped onto its side. The seatbelt was not in use, and he fell from his seat. He died of his injuries on 2 September.

The court found gaps in training and checking. Nobody had trained drivers in tight, slow turns. Tip alarms, seatbelt use and phone use were not well monitored.

The port knew straddles could tip. A year before, the port had seen a high number of tip alarms. It ran a project to bring them down, and it worked. Then, the court said, "having achieved that, it stopped the project". By the night the driver was hurt, the alarms "were back to their pre-project levels".

What the story shows

When the checking stopped, the control slipped back. Nobody decided that it should.

Why this guide starts here

From 1 April 2027

The law asks every organisation to find its critical risks and manage them first. A critical risk is one linked to a listed hazard, or to a hazard likely to cause death or serious harm. **new s 22A**

Finding them is the easier part. Keeping their controls working, month after month, is the hard part.

> **A control that worked last year tells you nothing about tonight.**

Sources *WorkSafe New Zealand v Ports of Auckland Ltd* [2020] NZDC 25308, sentencing notes, paras 1 to 5 and 12. In December 2020 the court fined the port $540,000 and ordered $136,000 reparation, most of it to the driver's family.

About this guide

Who it is for

Senior leaders who decide which risks are critical, and who fund and oversee the controls.

Middle managers who make sure critical controls are in place on every job, every day.

How to use it

Read pages 2 to 8 at your own pace. Then take the spotting pages (pages 9 and 10) and the pocket card (page 20) onto site. Write what you find on page 19. Key words are explained on page 21.

This guide opens the second half of the series. Field guides 7 to 14 apply it to particular risks. Field guide 1 explains the ideas behind the series.

Finding your way

Before you start	2
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Reading these pages

A taped card with footprints: something to try at work

A small compass: the sentence or point after it is this guide's view

A pink box with a red edge: what changes from 1 April 2027

A dark box: this guide's lessons from a court case

A hatched edge with a compass: this guide's own view

A tinted box: the law, WorkSafe guidance or court facts

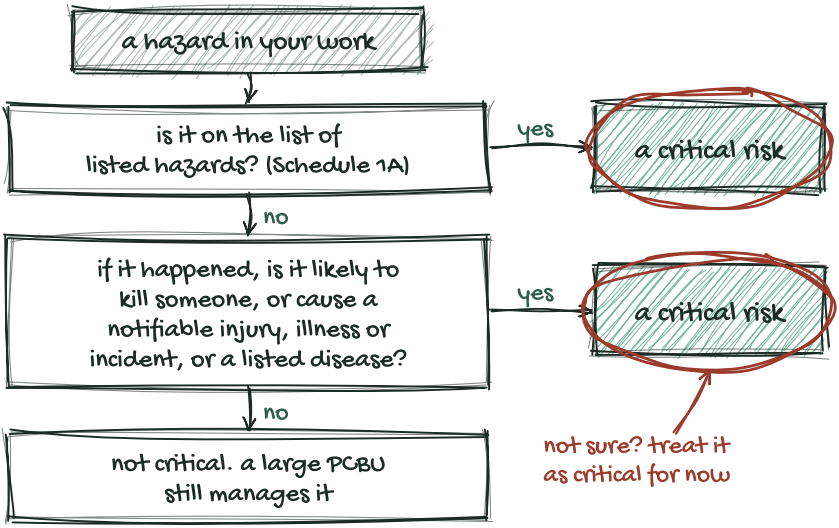
The foot strip: sources. Untinted tables, sketches and checklists are this guide's own

Priority dots (this guide's rating): one means watch, three means act today

In this guide, "the Act" means the Health and Safety at Work Act 2015, "s" means section and "ss" means sections. "The Amendment Act" means the Health and Safety at Work Amendment Act 2026, which became law on 9 July 2026. It is Public Act 2026 No 38. This guide gives general information. It is not legal advice. Written to the plain language standard in the Plain Language Act 2022 (s 5).

Is it a critical risk?

The law gives a two-part test. A risk is critical if it is linked to a listed hazard, or to a hazard likely to cause death or serious harm. **new s 22A**



"Not sure? Treat it as critical for now" is this guide's advice, not part of the legal test.

"Likely" is about how bad, not how often

WorkSafe says the test "does not refer to the likelihood of the event actually occurring". It asks how likely serious harm is if the event does happen. A rare event can still be a critical risk.

Serious harm here means a death, a notifiable injury, illness or incident, or a disease listed in Schedule 2 of the Accident Compensation Act 2001. A notifiable injury or illness is one the law lists, such as an amputation. **s 23** A notifiable incident exposes someone to a serious risk, even if nobody is hurt. **s 24** A hazard is anything that could hurt someone. **s 16** A risk is the chance that a hazard hurts someone, and how badly.

Sources the Amendment Act 2026 (new s 22A); WorkSafe, *Understanding the changes to health and safety law* (July 2026).

The listed hazards

Any risk linked to these hazards is critical, however unlikely you think harm is. This is WorkSafe's plain summary of new Schedule 1A.

- Adventure activities
- Amusement devices
- Asbestos
- Atmospheres with fire and explosion hazards
- Containers of substances or materials that could drown, engulf or trap someone
- Cranes and lifting equipment
- Excavations
- Gases under pressure
- Geothermal operations
- Hazardous substances
- Limited attendance child-care centres
- Machinery and plant
- Major hazard facilities and major incident hazards
- Mining and quarrying
- Occupational diving
- Passenger ropeways
- Petroleum exploration and extraction
- Pipelines
- Powder actuated tools
- Pressure equipment
- Raised objects with the potential for falling or dropping
- Remote or isolated work
- Scaffolding
- Substances hazardous to health
- Work involving young workers
- Working at height
- Workplace noise

WorkSafe's examples

Critical	Not critical
Handling cattle, which could trample someone. Working late in a convenience store, with a risk of robbery or violence.	Unpacking stock in a shop. A minor cut is the likely outcome.
Working near forklifts or road traffic. Using a deep fryer, where hot oil or fire could cause severe burns.	

The list can change

The Government can change it by Order in Council, a rule made without a new Act. A new hazard must pass the serious-harm test. **new s 22B**

The list is a starting point

A hazard not on the list can still be critical. WorkSafe says risks can also become critical, or stop being critical, as things change.

Sources WorkSafe, *What is a critical risk?* (September 2026); the Amendment Act 2026 (new s 22B, Schedule 1A). In the Act, each item points to a regulation, so it covers set tasks. For example, young workers means the tasks in GRWM regs 43 to 48.

What your organisation must do

What you must do depends on whether you are a small or a large PCBU.

	Small PCBU	Large PCBU
Who	Fewer than 20 workers. If numbers go up and down, for example with seasonal work, it reasonably expects fewer than 20 in at least 9 months of the financial year (1 July to 30 June). **new s 17(3) to (5)**	Any PCBU that is not small.
Which risks	Must manage critical risks under the main duties (ss 36 to 43). Does not have to manage other risks under them, but may choose to. Its other duties still apply, critical risks first. **new s 25A**	Must manage all risks, and give critical risks the highest priority. **new s 25B**
Welfare	Must still provide toilets, drinking water, hand washing, first aid and emergency planning.	Must provide all welfare facilities.
Officers such as directors **s 18**	Must do due diligence (the reasonable steps an officer must take) to make sure the PCBU finds and manages its critical risks. **s 44**	Must do due diligence on all the PCBU's duties.

A PCBU is a "person conducting a business or undertaking". **s 17**

Putting critical risks first

Both small and large PCBUs must prioritise critical risks. Failing to prioritise is not an offence on its own. **new ss 25A(2), 25B(2)** Failing to manage a critical risk can still breach the main duties. **ss 36 to 43; new ss 25A(1), 25B(1)**

Until 1 April 2027

Every PCBU must remove risks so far as is reasonably practicable. If it can't, it must reduce them. **s 30** Reasonably practicable means what it can reasonably do, once it weighs up the risk, what it knows and the controls that exist. **s 22**

Using the 2027 test to rank your risks now is good preparation. It costs little, and it shows you where to spend first.

Sources the Amendment Act 2026 (new ss 17(3) to (5), 25A, 25B); the Act, s 30; WorkSafe, *Am I a small or large PCBU?* and *Managing critical risks for small PCBUs* (September 2026).

Deciding which risks are critical

Every PCBU must decide which of its risks are critical. You base the decision on what you know, or ought reasonably to know, about: **new s 25C**

- your business or undertaking
- the hazard the risk is linked to
- for a hazard not on the list, whether it is likely to cause the serious harm on page 4.

What WorkSafe says to do

- "The first thing you have to do is identify your critical risks."
- Take a practical, common-sense approach.
- "Critical risks must be managed, not just identified."
- "Monitor, review and revise controls related to critical risks."
- "Review regularly, especially after incidents or changes in your work or workplace."

A small farm or orchard

WorkSafe lists machinery and vehicles, working at height, hazardous substances, electricity, heat and sun, and noise as critical. Lifting strains, and slips in the home office, are not.

A small shop or dairy

Minor manual handling injuries, slips and cuts are not critical. Robbery may be, for a late-night dairy or liquor store.

A large NZ business

Fletcher Building's handbook lists 21 critical risks. Four are about long-term health: hazardous substances, dust and silica, asbestos, and noise. Its definition of a critical control closely follows ICMM's (page 11). A critical control is one of the few controls that stops a critical risk event, or limits the harm.

Sources the Amendment Act 2026 (new s 25C); WorkSafe, *Managing critical risks for small PCBUs* and *What is a critical risk?* (September 2026); Fletcher Building, *Critical Risks Handbook*, version 2.0 (October 2023), pp 7 to 8, 11.

What else changes in 2027

Three more changes shape how you manage critical risks.

A new purpose for the Act

The Act's main purpose becomes "a balanced framework for securing the health and safety of workers and workplaces that prioritises the critical risks that arise from work". **new s 3(1)**

Following an approved code counts as complying

Follow an approved code of practice for the same risk and situation, and you are "taken to have complied" with the law for that risk. This covers codes approved from 1 April 2027, plus the ports cargo and forestry codes. **new s 226(2)** Codes stay optional. You can still comply in other ways.

WorkSafe says industry groups, unions and sector bodies will be able to write codes and send them to WorkSafe.

Officers focus on governance

WorkSafe says officer duties "have been clarified to focus on governance functions". Field guides 1 and 2 cover due diligence.

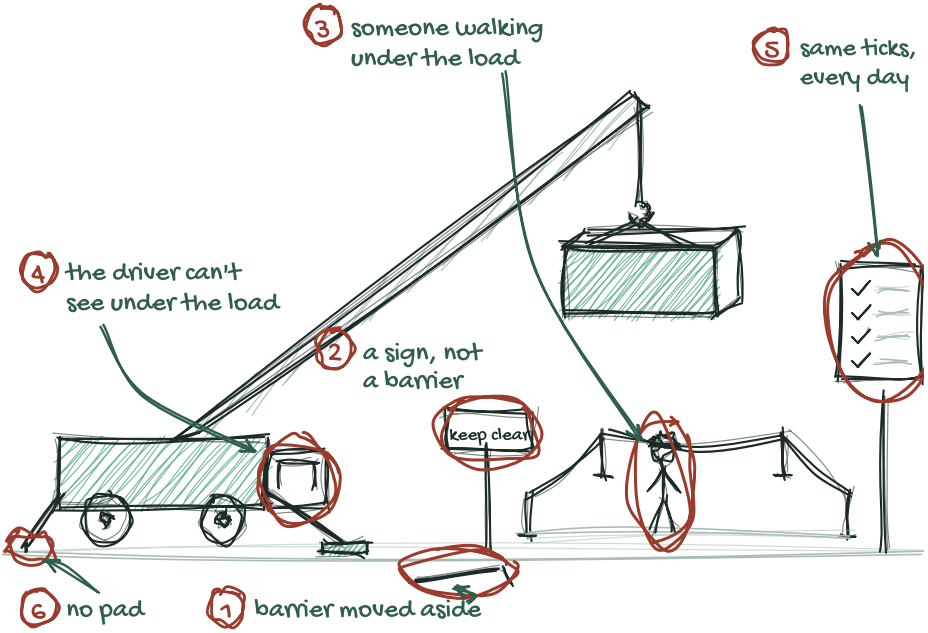
Getting ready

- [ ] Count your workers. Will you be a small or a large PCBU?
- [ ] Run the test on page 4 over every task. Keep the list short.
- [ ] For each critical risk, write down the one or two controls it depends on, and who owns them.
- [ ] Find out which approved codes cover your critical risks.
- [ ] Ask workers and health and safety representatives (HSRs) what they would add. Field guide 4 explains why.

Sources the Amendment Act 2026 (new ss 3(1), 226(2)); WorkSafe, *Understanding the changes* (July 2026).

What a weak control looks like

A crane lift has a critical risk everyone understands: a load falling on someone. Here is a lift where the controls look fine from the office.



A falling object is a notifiable incident even if it misses everyone (s **24**). Cranes and lifting equipment, and raised objects that could fall, are both on the list on page **5**.

The numbers match the table on the next page. The same six checks work on a trench, a roof or a busy yard.

Sources the Act, s **24**; WorkSafe, *What is a critical risk?* (September **2026**).

Six things to spot

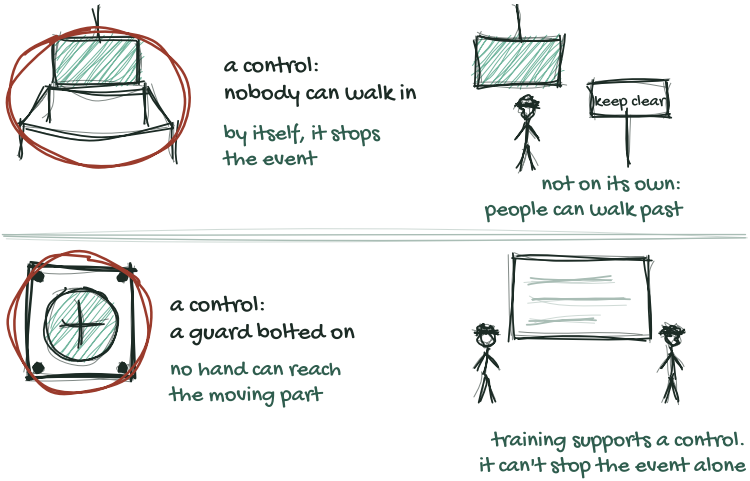
	What it looks like	Why it matters, and what to do	Priority
1	A barrier moved aside, propped open or left on the truck.	The control has gone, and the work goes on. Stop the lift. Put the barrier back. Then ask what got in the way.	●●●
2	A sign or a rule doing the job of a barrier.	A sign relies on every person, every time. Ask what physical control could do the job instead.	●●○
3	Someone inside the zone the control is meant to keep clear.	The risk is live right now. Stop the work, calmly. Later, find out why they were there.	**Act now**
4	The person in control can't see the danger zone.	A control that depends on someone seeing will fail at night, in rain or in a blind spot. Add another way to know.	●●○
5	A check sheet with the same ticks, at the same time, by the same person.	The check may not be happening. Go and look at the control with the person who signs for it.	●●○
6	A crane outrigger down with no pad under it.	The set-up is part of the control. Check it against the lift plan before the lift, not after.	●●○

Try it this week

Pick your most serious job this week. Stand and watch it for ten minutes with this page. Then ask the crew which control they trust least.

A control, or not on its own?

The International Council on Mining and Metals (ICMM) says a control is "an object, human action or combination of act and object that, of itself, directly prevents an unwanted event".



A critical control is one that is "crucial" to preventing the event or limiting the harm. ICMM calls training "a support activity not the control". It suggests two tests: how much you rely on a control, and how reliably it works. Controls that rely less on people are preferred.

Keep the list short. ICMM warns: "If everything is critical, nothing is critical." Long lists are harder to understand, put in place and check.

Choose strong controls first

The law already sets an order. Remove the risk first. If you can't, substitute, isolate or engineer it out. Rules, training and protective equipment come last.
GRWM Regulations, reg 6

Sources ICMM (2026), *Health and Safety Critical Control Management Good Practice Guide*, pp 6, 18, 26 to 33; Health and Safety at Work (General Risk and Workplace Management) Regulations 2016 (GRWM Regulations), reg 6.

Nine steps, and who owns them

ICMM sets out nine steps for managing critical controls. Leaders own the first four. Field guide 2 covers the checking steps in detail.

#	ICMM step, in plain words	The question for leaders
1	Plan the process	Who leads this, and who takes part?
2	Find the hazards and events that could kill	What could kill someone here?
3	Find the controls	What stops each event, or limits the harm?
4	Choose the critical controls	Which few controls matter most?
5	Say what "working" means	What does a working control look like?
6	Give each control an owner	Who owns each control, by name?
7	Put the controls in place	Are they in place on every job?
8	Check the controls	How do we check them on site?
9	Review and improve	Are they getting better or worse?

ICMM says leaders "need to have a direct and active role" in this work.

Why this guide uses ICMM

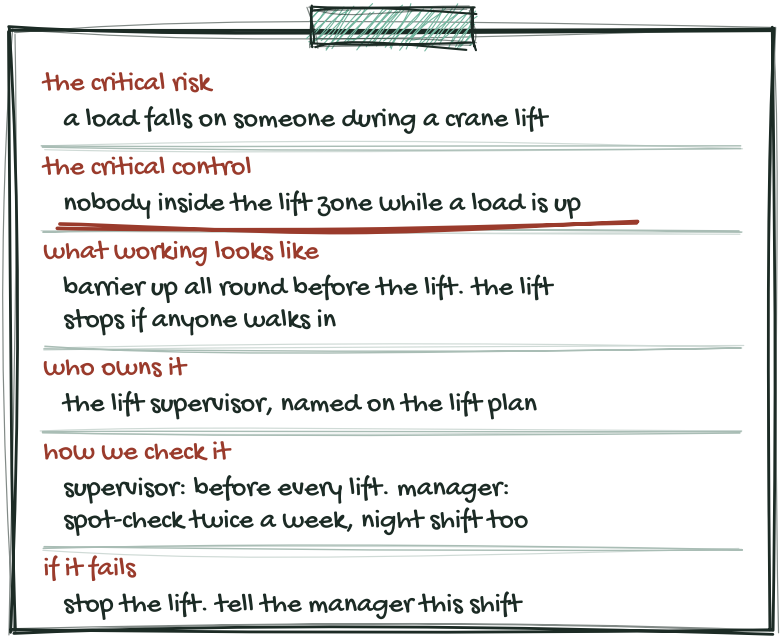
The law defines a critical risk, but not a critical control. ICMM's guidance has been used since 2015. It was updated in 2026 after "a decade" of use, and applies to "the full range of hazards", not just mining. ICMM accepts that definitions vary between organisations.

Sources ICMM (2026), pp 2, 6, 12, 14, 20 to 49; ICMM guide web page. The step names are paraphrased.

This guide's view ICMM is not the only good approach.

One control, written down

Many organisations list their critical risks. Fewer write down what "working" looks like, who owns the control, and how anyone would know it has slipped.



This is steps 5 and 6 on the last page, for one control. It fits on a card. A crew can read it at the start of a shift, and a manager can check it in two minutes.

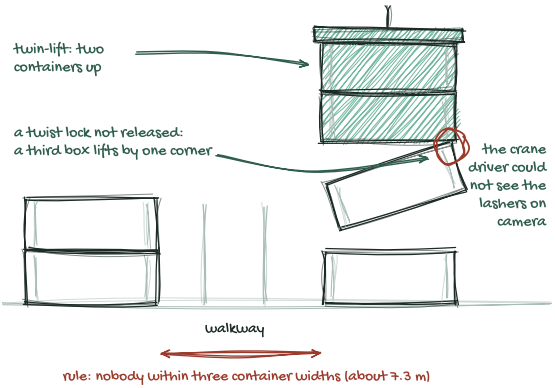
Try it with one risk

Take your most serious risk. Fill in the six lines with the people who do the work. If you can't agree what "working" looks like, that is your first finding.

Sources ICMM (2026), steps 5 and 6.

The chief executive and the crane

On the night of 30 August 2020, a lasher was working on a ship at Ports of Auckland.



The port's rule was that nobody should be within three container widths, about 7.3 metres, of a working crane. He and a co-worker were working in bays next to where a crane was unloading. The crane driver could not see them on camera. He lifted two containers. A twist lock had not been released, so a third container lifted at one corner. It crushed the lasher, and he died.

30 August 2020
A lasher is killed while working on a ship at Ports of Auckland.

November 2024
The District Court finds Mr Gibson guilty of failing to exercise due diligence (ss 44 and 48).

February 2025
He is fined $130,000 and ordered to pay $60,000 costs.

31 March 2026
The High Court dismisses his appeals.

The port pleaded guilty. Its chief executive, Mr Gibson, was charged as an officer. The court found he was "fully aware of the critical risk of handling suspended loads". The port relied on behavioural controls. He saw the need for technology, but "failed to turn his mind to the need for additional hard, non-technological controls".

The lesson for leaders

Knowing the risk was not enough. For a critical risk, check that a direct control still works when someone makes an ordinary human mistake.

Sources *Gibson v Maritime New Zealand* [2026] NZHC 813 at [1] to [6], [26], [32] to [36], [73].

When the work changes

A critical risk stays critical. How you manage its controls depends on what is happening. Field guide 1 explains the thinking.

What is happening	How to manage the critical controls
A control that has worked for years Clear	Keep checking it on site, at different times. Never let it become optional.
New plant, a new product, site or client Complicated	Run the test on page 4 again. Get a competent person to design the controls.
Several crews, night shift, weather, time pressure Complex	Hold the few critical controls fixed. Let people adapt the rest with you, and watch closely.
A critical control has failed, and the risk is live Chaotic	Stop the work. Make it safe. Restore the control before anyone restarts. Then report it and learn (field guide 5).
Nobody agrees whether a risk is critical Confusion	Go back to the legal test. Treat the risk as critical while you decide.

Clear to Chaotic: the check that stopped

A control works, so the checking fades. Nothing changes on paper. Page 2 shows how far it can slip.

Complicated to Complex: controls that clash

Each control is well designed, but they meet badly. One crew's barrier blocks another crew's way out.

Sources The situation names in colour come from the Cynefin framework (Snowden and Boone, 2007, who called Clear "Simple" and Confusion "Disorder"; current names from Snowden and Friends, 2021).

Signs worth a closer look

Critical controls rarely fail all at once. They wear down. None of these signs proves a problem, but each is worth a question.

What you might see or hear	What to do	Priority
A control that is in place on some shifts but not others.	Check it on a night shift or a weekend. Ask the crew what makes it hard to use.	●●●
A temporary fix that has been "temporary" for weeks, waiting on a part or a repair.	Set a date to fix it properly. Until then, check the stopgap more often.	●●○
A control owner who has left, or a control with no owner.	Name a new owner this week.	●●○
Contractors on site working to different critical controls from yours.	Agree one set of controls before they start. Field guide 3 explains how.	●●○
Near misses on a critical control that never reach senior leaders.	Ask to see every one. Thank the people who report them.	●●○
Dozens of "critical" risks. Nobody can name the top five.	Go back to the legal test. Keep the list short.	●○○

The show-me test

Pick one critical control. Ask the person who owns it to show you it working, on the job, today. Not the form, the control. If it takes them a while to find it, you have learned something.

Running the job

It is 6 am. The crane is booked until ten and the truck is waiting. The barrier for the lift zone is still at the depot. Everyone is looking at you.

Before work starts

- [ ] Know the critical risks for this job, and the critical controls for each.
- [ ] See each control in place yourself before work begins.
- [ ] Make sure every worker knows they can stop work if a control is missing.

While work is happening

- [ ] Check critical controls at different times, not just at the start.
- [ ] Watch for change: new people, new plant, weather, time pressure.
- [ ] Treat a missing control as a reason to stop, not a note for later.

Afterwards

- [ ] Pass up anything that made a control hard to use.
- [ ] Suggest new critical risks when the work changes.
- [ ] Share near misses on critical controls with your team and your manager.

No critical control, no work

Agree this with your team before the bad morning comes. Then, on the bad morning, say it first: "We wait for the barrier." People will remember that you did.

Take these to your next meeting

Senior leaders and officers

- [ ] Will we be a small or a large PCBU on 1 April 2027?
- [ ] What are our critical risks? Did we use the legal test?
- [ ] Is our list short enough to manage well?
- [ ] Which critical controls rely on people getting it right every time?
- [ ] Does each critical control have a named owner?
- [ ] Which approved codes of practice cover our critical risks?
- [ ] When did one of us last see a critical control working on site?
- [ ] As an officer, how do I check for myself that our critical controls are provided and used? (s **44**)

Middle managers

- [ ] Can my team name the critical risks on today's job?
- [ ] Is every critical control in place today?
- [ ] Which control is hardest to use? Why?
- [ ] Which control gets worked around, and why?
- [ ] What has changed that the risk list doesn't cover?
- [ ] Would my team stop work if a control was missing?
- [ ] Do near misses on critical controls reach senior leaders?

Which of our critical controls would we notice first if it quietly stopped working, and which would we notice last?

Two measures a board can track: critical controls a leader saw working on site this month; critical controls found missing or bypassed, and how fast they were restored.

Notes

Field notes

Back of your pocket card

My critical risks here:

Who to call:

ideas for this page:

- your top five critical risks
- the one control each depends on
- who owns it, by name
- a control you saw working
- a control that is hard to use

→ write it down here

Pocket card

Cut out and fold in half.

Before the job

1. Name the critical risks for this job.
2. Name the critical control for each one.
3. See each control in place yourself.
4. Missing or broken? Stop until it is fixed.
5. Tell your manager the same shift.

No critical control, no work.

Is it a critical risk?

1. Is the hazard on the Schedule 1A list? Then yes.
2. If it happened, is it likely to kill, or cause a notifiable injury, illness, incident or listed disease? Then yes.
3. Not sure? Treat it as critical for now.

"Likely" means how bad if it happens, not how often.

Card text from the legal test on page 4 and the habits on page 17. Field guide 6, Vimes Consulting.

Notes

Key words

The words this guide uses, in plain English.

Word	What it means
Hazard	Anything that could hurt someone. The law says it includes how a person behaves. s 16
Risk	The chance that a hazard hurts someone, and how badly.
Critical risk	From 1 April 2027, a risk linked to a listed hazard, or to a hazard likely to cause death or serious harm. Page 4 shows the test. new s 22A
Critical control	One of the few controls that stops a critical risk event, or limits the harm. It is a good-practice term, not a legal one.
PCBU	A "person conducting a business or undertaking". Usually an organisation. s 17
Small PCBU	From 1 April 2027, one with fewer than 20 workers. If numbers go up and down, one that expects fewer than 20 in at least 9 months of the financial year. new s 17(3) to (5)
Officer	A director, partner or other person with significant influence over how the business is managed, such as a chief executive. Not someone who only gives advice. s 18
Due diligence	The reasonable steps an officer must take. They include knowing the risks, making sure the right resources and processes exist, and checking they are used. s 44
Reasonably practicable	What you can reasonably do, once you weigh up the risk, what you know, and the controls that exist. Cost is weighed last. It can rule a step out only if it is grossly disproportionate to the risk. s 22
Notifiable injury or illness	An injury or illness the law lists, such as an amputation, a serious head injury or a hospital stay for immediate treatment. s 23
Notifiable incident	An unplanned event that exposes someone to a serious risk, even if nobody is hurt. An object falling from a height is one. s 24

Sources the Act, ss 16 to 18, 22 to 24, 44; the Amendment Act 2026 (new ss 17(3) to (5), 22A).

See also Field guide 5 explains how to tell WorkSafe about notifiable events.

Check it yourself

How this guide was checked

Every statement of law or fact in this guide was checked against a primary source before printing: the Act, the Amendment Act 2026 as passed, the regulations, WorkSafe guidance, ICMM guidance or the court decisions. Each check is recorded in a claims register, with the source and date checked. Statements that could not be checked were removed. Facts checked on 12, 17, 19, 22, 23 and 24 October 2026.

Law and court decisions

1. Health and Safety at Work Act 2015, ss 16 to 18, 22 to 24, 30, 44, 48. legislation.govt.nz
2. Health and Safety at Work Amendment Act 2026 (became law on 9 July 2026): new ss 17(3) to (5), 22A, 22B, 25A to 25C and Schedule 1A; also new ss 3 and 226. legislation.govt.nz
3. Health and Safety at Work (General Risk and Workplace Management) Regulations 2016, reg 6.
4. *Gibson v Maritime New Zealand* [2026] NZHC 813 (31 March 2026). courtsofnz.govt.nz
5. *WorkSafe New Zealand v Ports of Auckland Ltd* [2020] NZDC 25308, sentencing notes (4 December 2020). worksafe.govt.nz
6. Plain Language Act 2022, s 5.

Guidance

7. WorkSafe (September 2026). *What is a critical risk?*; *Am I a small or large PCBU?*; *Managing critical risks for small PCBUs*. worksafe.govt.nz
8. WorkSafe (July 2026). *Understanding the changes to health and safety law*. worksafe.govt.nz
9. International Council on Mining and Metals (2026). *Health and Safety Critical Control Management Good Practice Guide*. icmm.com
10. Fletcher Building (2023). *Critical Risks Handbook*, version 2.0. fletcherbuilding.com

Research

11. Snowden, D. J., and Boone, M. E. (2007). A leader's framework for decision making. *Harvard Business Review*, 85(11), 68 to 76. The Cynefin framework, with Clear called 'Simple' and Confusion 'Disorder'.
12. Snowden, D., and Friends (2021). *Cynefin: Weaving sense-making into the fabric of our world*. Cognitive Edge, The Cynefin Co. The current situation names on page 15.

Other guides that help

This guide sets out the method. These guides show how to make it work.

Guide	Read it for
1	The ideas behind the series, the officer's duty, and the full *Gibson* story.
2	Trust and verify. How to check that critical controls work, not just that they exist.
3	Shared duties, when contractors bring their own critical risks onto your site.
4	Worker voice. The people doing the work know which control is weakest.
5	When things go wrong. What to do when a critical control fails.
7 to 14	The critical risks themselves: vehicles, height, mental health, health exposures, substances, asbestos, machinery and lone work.

The whole series

1 Leading health and safety · 2 Trust and verify · 3 Shared duties · 4 Worker voice · 5 When things go wrong · **6 Critical risks and critical controls** · 7 Vehicles, mobile plant and traffic · 8 Working at height · 9 Psychosocial risk and mental health · 10 Work-related health · 11 Hazardous substances · 12 Asbestos · 13 Machinery, plant and energy isolation · 14 Remote, isolated and lone work

Sources

Critical risks in one minute

- A critical risk is one that could kill or seriously harm someone. From 1 April 2027 the law puts it first.
- Run the two-part test: is it on the list, or is serious harm likely if it happens?
- Keep the list short. If everything is critical, nothing is.
- Pick strong controls. A barrier beats a sign. Training supports a control but can't replace it.
- Write down what "working" looks like, and give each control an owner.
- Go and see. Controls slip quietly when the checking stops.

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