

# RISK ASSESSMENT FORM

REF ID NO.	SUBMITTED BY	DATE SUBMITTED

RISK TYPE *select one*

Financial	
	Resources
	Operational
	Other:

RISK DESCRIPTION

PERSON(S) IMPACTED check *all that apply*

Customers / Clients	
	Employees
	Contractors
	Public
	Other:

RISK IMPACT *select one*

IMPACT LEVEL	DESCRIPTION
NOT SIGNIFICANT	Negligible injuries not needing medical treatment
MINOR	Minor injuries causing temporary impairment needing medical treatment
MODERATE	Illness and/or injury requiring hospitalization
MAJOR	Illness and/or injury resulting in permanent impairment
SEVERE	Fatality

RISK PROBABILITY *select one*

PROBABILITY LEVEL	DESCRIPTION
HIGHLY UNLIKELY	Rare chance of an occurrence
UNLIKELY	Not likely to occur under normal circumstances
POSSIBLE	May occur at some point under normal circumstances
LIKELY	Expected to occur at some point in time
HIGHLY LIKELY	Expected to occur regularly under normal circumstances

RISK SEVERITY MATRIX *based on Impact and Probability Levels*

IMPACT x PROBABILITY	NOT SIGNIFICANT	MINOR	MODERATE	MAJOR	SEVERE
HIGHLY UNLIKELY	LOW	LOW	LOW / MED	MEDIUM	MEDIUM
UNLIKELY	LOW	LOW / MED	LOW / MED	MEDIUM	MED / HIGH
POSSIBLE	LOW	LOW / MED	MEDIUM	MED / HIGH	MED / HIGH
LIKELY	LOW	LOW / MED	MEDIUM	MED / HIGH	HIGH
HIGHLY LIKELY	LOW / MED	MEDIUM	MED / HIGH	HIGH	HIGH

RISK SEVERITY LEVEL *select corresponding Severity Level from matrix above based upon Impact and Probability Levels*

SEVERITY LEVEL

LOW
LOW / MED
MEDIUM
MED / HIGH
HIGH

CURRENT CONTROL MEASURES

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ACTIONS TO IMPLEMENT if *applicable*

ACTION	ASSIGNED TO	DUE DATE	STATUS

DATE REVIEWED	APPROVING OFFICIAL NAME & TITLE	SIGNATURE

REMARKS

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