**SAMPLE RISK ASSESSMENT FORM**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **REF ID NO.** | **SUBMITTED BY** | **DATE SUBMITTED** |
|  |  |  |

**RISK TYPE** *(Select one)*

|  |  |
| --- | --- |
|  | Financial |
|  | Legal / Contractual |
|  | Reputation / Customer Relations |
|  | Resources |
|  | Operational |
|  | Other: |  |

**RISK DESCRIPTION**

|  |
| --- |
|  |

**SOURCE OF RISK**

|  |
| --- |
|  |

**PERSON(S) IMPACTED** *(Check all that apply)*

|  |  |
| --- | --- |
|  | Customers / Clients |
|  | Employees |
|  | Contractors |
|  | Public |
|  | Other: |  |
|  | Other: |  |
|  | 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**

|  |
| --- |
|  |

**FURTHER ACTION NEEDED?** *(Select one)*

|  |  |
| --- | --- |
|  | YES |
|  | NO |

**ACTIONS TO IMPLEMENT** *(If applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTION** | **ASSIGNED TO** | **DUE DATE** | **STATUS** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |
| --- | --- | --- |
| **DATE REVIEWED** | **APPROVING OFFICIAL NAME & TITLE** | **SIGNATURE** |
|  |  |  |

**REMARKS**

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| --- |
|  |