

SRSU Risk Management Program
 Risk Assessment Form

Risk name				Today's date
Risk description				
Risk owner				Organization area
Risk category				Risk type
Impacted operations				Organizational objectives
Risk sources/ triggers				
Potential consequences				
Other team members				
Controls in place today				Current effectiveness
Risk rating with current controls	Likelihood	Impact/ consequence	Risk Priority	Risk Timing
Proposed risk treatment plan				
Implications for work priorities				
Budget implications				
Specific controls to mitigate risk				
Actions to fulfill each control				
Communication plan				Next evaluation date
Additional resources needed				

Please return completed form to: Corina Ramirez