



RISK ASSESSMENT

This document is to be used by service and program managers of the organisation to record risks identified within the business operations and the processes implemented to effectively manage them.

COMPLETED BY:	
Employee name:	Date:
Position:	
IDENTIFIED RISK	
CLASSIFICATION	
Risk Type (with reference to the severity of potential consequences)	
<input type="checkbox"/> Minor	<input type="checkbox"/> Significant <input type="checkbox"/> Critical
Risk Level (with reference to the probability of adverse consequences occurring)	
<input type="checkbox"/> Low	<input type="checkbox"/> Medium <input type="checkbox"/> High
Management Requirement (with reference to the complexity of the process required to manage the risk)	
<input type="checkbox"/> Simple	<input type="checkbox"/> Complex
Who is delegated with the responsibility of managing this risk? NOTE: risks identified as critical, high level, or complex must be referred to Central Management within 24hrs.	
<input type="checkbox"/> Service Management	<input type="checkbox"/> Central Management
OTHER CONSIDERATIONS	
EXISTING MANAGEMENT STRATEGY:	



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Where it is determined that the existing management strategy is inadequate or could be improved, identify additional requirements.

ADDITIONAL ACTIONS REQUIRED:

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PERSON IMPLEMENTING/OVERSEERING ACTION:

Name:	Position:
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Signed:	Date:
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REGISTER STORAGE

Training Gym Support Central

DOES THIS RISK MANAGEMENT PROCEDURE TRIGGER POLICY DEVELOPMENT OR REVIEW (ie. Is the risk ongoing or recurrent)?

Yes (Central Policy) Yes (Service Policy) No

Please complete and attach corresponding Notification of Remedial or Improvement Action form (Ref: 3.2.3) where additional requirements have been identified.