



DR. JOSE FABELLA MEMORIAL HOSPITAL
Service/Department/Unit/Section/Committee _____



RISK & OPPORTUNITY ASSESSMENT WORKSHEET

Revision No. _____ *Date:* _____

<i>Interested Parties</i>	<i>Needs and Expectations of interested parties</i>	<i>Risk Factor</i>	<i>Risk Impact</i>	<i>Opportunities</i>	<i>P</i>	<i>S</i>	<i>C</i>	<i>RR</i>
---------------------------	---	--------------------	--------------------	----------------------	----------	----------	----------	-----------

(Feb. 03, 2020)