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**MINDANAO STATE UNIVERSITY  
ILIGAN INSTITUTE OF TECHNOLOGY**

**RISK CONTROL ACTION PLAN**

Date Prepared: \_\_\_\_\_

DEPARTMENT/OFFICE: \_\_\_\_\_

RISK/S : \_\_\_\_\_

CONTROL PLAN/ PLAN OF ACTION	DETAILS OF ACTIVITY	INDICATOR	EXPECTED OUTPUT	RESPONSIBLE PERSON/OFFICE



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Prepared by:  _____	Reviewed by:  _____	Approved by:  _____
Process Owner	Risk Management Committee, Head	QMC