



RISK AND OPPORTUNITY ACTION PLAN MONITORING STATUS

Period: _____ Date of Monitoring: _____

DEPARTMENT/OFFICE: _____

NO.	RISK/S	RISK HAPPENED? (Y/N)	EFFECTIVE ACTION PLAN? (Y/N)	OPPORTUNITY	OPPORTUNITY PURSUED? (Y/N)	ACTION PLAN IMPLEMENTED (Y/N)

Prepared by:

Reviewed by:

Approved by:

Risk Management Committee

Quality Management Coordinator

Chancellor