SAMPLE PROJECT RISK ASSESSMENT

REF ID NO.	SUBMITTED BY	DATE SUBMITTED

RISK TYPE *select one*

	Financial	
	Legal / Contractual	
	Reputation / Customer Relations	
	Resources	
	Operational	
	Other:	

RISK DESCRIPTION

SOURCE OF RISK

PERSON(S) IMPACTED *check all that apply*

	Customers / Clients	
	Employees	
	Contractors	
	Public	
	Other:	
	Other:	
	Other:	

RISK IMPACT *select one*

	IMPACT LEVEL	DESCRIPTION
	NOT SIGNIFICANT	Negligible injuries not needing medical treatment
	MINOR	Minor injuries causing temporary impairment needing medical treatment
	MODERATE	Illness and/or injury requiring hospitalization
	MAJOR	Illness and/or injury resulting in permanent impairment
	SEVERE	Fatality

RISK PROBABILITY *select one*

	PROBABILITY LEVEL	DESCRIPTION
	HIGHLY UNLIKELY	Rare chance of an occurrence
	UNLIKELY	Not likely to occur under normal circumstances
	POSSIBLE	May occur at some point under normal circumstances
	LIKELY	Expected to occur at some point in time
	HIGHLY LIKELY	Expected to occur regularly under normal circumstances

RISK SEVERITY MATRIX *based on Impact and Probability Levels*

IMPACT x PROBABILITY	**NOT SIGNIFICANT**	**MINOR**	**MODERATE**	**MAJOR**	**SEVERE**
HIGHLY UNLIKELY	LOW	LOW	LOW / MED	MEDIUM	MEDIUM
UNLIKELY	LOW	LOW / MED	LOW / MED	MEDIUM	MED / HIGH
POSSIBLE	LOW	LOW / MED	MEDIUM	MED / HIGH	MED / HIGH
LIKELY	LOW	LOW / MED	MEDIUM	MED / HIGH	HIGH
HIGHLY LIKELY	LOW / MED	MEDIUM	MED / HIGH	HIGH	HIGH

RISK SEVERITY LEVEL *select corresponding Severity Level from matrix above based upon Impact and Probability Levels*

	SEVERITY LEVEL
	LOW
	LOW / MED
	MEDIUM
	MED / HIGH
	HIGH

CURRENT CONTROL MEASURES

FURTHER ACTION NEEDED? *select one*

	YES
	NO

ACTIONS TO IMPLEMENT *if applicable*

ACTION	ASSIGNED TO	DUE DATE	STATUS

DATE REVIEWED	APPROVING OFFICIAL NAME & TITLE	SIGNATURE

REMARKS

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