



Risk Action Plan

Department:
Service Group:
Objective:

<u>Risk</u> Description of risk:
Potential Impacts: (Damages and Liability, Operational Effects, Reputation)
Key Controls:
<u>Action Plan</u> Proposed actions: (Avoid Risk, Transfer Risk, Control Risk)
Resource requirements:
Responsibilities:
Timing:
Compiled by: _____ Date: _____ Reviewed by: _____ Date: _____