**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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| --- |
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