

Canada Border
Services AgencyAgence des services
frontaliers du Canada**RISK ASSESSMENT**

FOSS:

| | | | | | | | | | | |
|--|---------------|-------------|-------------|----------------------|--|--|--|--|--|-------|
| Subject surname: _____ | | | | | Given name(s): _____ | | | | | photo |
| Alias: _____ | | | | | Sex M or F <input type="checkbox"/> M <input type="checkbox"/> F | | | | | |
| Date and place of birth: _____ | | | | | | | | | | |
| Height: _____ | Weight: _____ | Eyes: _____ | Hair: _____ | Scars Tattoos: _____ | | | | | | |
| Notes: Date of last contact with department: _____ | | | | | | | | | | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| LKA : <input type="checkbox"/> as per FOSS <input type="checkbox"/> drivers licence <input type="checkbox"/> welfare <input type="checkbox"/> bonds: person <input type="checkbox"/> other | | | | | | | | | |
| | | | | | | | | | |
| No Show: <input type="checkbox"/> for removal: <input type="checkbox"/> Removal Interview on date: _____ | | | | | | | | | |
| Vehicle: <input type="checkbox"/> no information, or _____ | | | | | | | | | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| Criminality: <input type="checkbox"/> Convictions: <input type="checkbox"/> involving Weapons: <input type="checkbox"/> involving Violence: <input type="checkbox"/> involving Drugs: <input type="checkbox"/> Outstanding Charges: <input type="checkbox"/> | | | | | | | | | |
| Details: _____ | | | | | | | | | |
| No Known Convictions: <input type="checkbox"/> Medical Concerns: <input type="checkbox"/> none known, or details _____ | | | | | | | | | |
| Risk Assessment done by : Officers Initials: _____ Date: _____ | | | | | | | | | |
| Officers Initials: _____ Date: _____ | | | | | | | | | |
| Notes: and X-References: _____ | | | | | | | | | |

| | | | | | | | | | | | | | | |
|--|--|--|--|--|-------------------|--|--|--|--|----------------|--|--|--|--|
| Results of Investigation: _____ | | | | | officer (s) _____ | | | | | on date: _____ | | | | |
| Notes: _____ | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | |
| officer (s) _____ | | | | | on date: _____ | | | | | _____ | | | | |
| Notes: _____ | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Map: <div style="border: 1px solid black; width: 150px; height: 30px; display: inline-block;"></div> | | | | | | | | | | | | | | |

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| Final Close: reasons: <input type="checkbox"/> all leads exhausted: _____ by officer: _____ date: _____ | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|