

Risk Form

For [Project Name]

Risk Form

PROJECT DETAILS	
Project Name:	Drug Air Craft
Project Manager:	June
RISK DETAILS	
Risk ID:	Damage to the Company (Fly By Night) image
Raised By:	<i>Name of person who is raising this risk</i>
Date Raised:	<i>Date of completion of this form</i>
Risk Description: <i>Describe briefly the identified risk and its likely impact on the project (e.g. scope, resources, deliverables, timescales and/or budgets) should it occur.</i>	
Risk Likelihood: <i>Describe and rate the likelihood that the risk will eventuate (i.e. Low, Medium or High).</i>	Risk Impact: <i>Describe and rate the impact on the project if the risk eventuates (i.e. Low, Medium or High).</i>
RISK MITIGATION	
Recommended Preventative Actions: <i>Describe briefly the actions to be taken to prevent the risk from eventuating.</i>	
Recommended Contingent Actions: <i>Describe briefly the actions to be taken if the risk eventuates, to minimize its impact on the project.</i>	
APPROVAL DETAILS	
Supporting Documentation: <i>Reference any supporting documentation used to substantiate this risk.</i>	
Signature: _____	Date: ___/___/___
PLEASE FORWARD THIS FORM TO THE PROJECT MANAGER FOR ACTION	