

Detailed Risk Information Form

Risk ID #:	Date Identified:	Identified By:		
Risk Event Description	Probability / Likelihood of Risk Event			
	VL	Low	Med	High
Scope Impact	Scope Impact Rating			
	VL	Low	Med	High
Schedule Impact	Schedule Impact Rating			
	VL	Low	Med	High
Cost Impact	Cost Impact Rating			
	VL	Low	Med	High
Other Impacts	Others Impact Rating			
	VL	Low	Med	High
Risk Owner:	Overall Impact Rating			
	VL	Low	Med	High
Possible Root cause(s):				
Risk triggers and/or symptoms:				

Risk Response

Threat:	<input type="checkbox"/>	Avoid	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	Mitigate
Opportunity:	<input type="checkbox"/>	Exploit	<input type="checkbox"/>	Share	<input type="checkbox"/>	Enhance
Accept with:	<input type="checkbox"/>	Budget Contingency	<input type="checkbox"/>	Schedule Buffer	<input type="checkbox"/>	Contingency Plan

Risk Response Plan

Action Steps	Start	Finish	Who	Complete?

Risk Monitoring

Date:								
Probability:								
Impact								
Risk Score:								
R / Y / G								