Detailed Action Plan for High Risks

Overview

This form must be completed when a HIGH risk issue is identified. Complete one form for each high-risk issue.

Event Details

Event Name: _____
Event Date: _____
Event Location: _____
Risk Manager: _____

High-Risk Issue Details

Risk Category:
? Property ? Financial ? Operational ? People ? Reputational ? Compliance

Hazard Identified (Insert specific hazard from the Risk Register):
_____
_____

Current Risk Rating: HIGH

Likelihood (Before Control): _____ (1-5)
Consequence (Before Control): _____ (1-5)

Detailed Description of the High-Risk Issue (Provide a comprehensive description of the risk, its potential impacts, and why it's considered high-risk):
_____
_____

Proposed Solution

Elimination / Control Measure (Describe in detail the proposed solution or mitigation strategy. Reference the Hierarchy of Controls zz Hierarchy of Controls):

Expected Outcome (Describe how this solution is expected to reduce the risk level):

_____
_____
_____
_____
_____
_____
_____
_____
_____

Resources Required

Financial Resources (List any financial resources needed to implement the solution):

_____
_____
_____
_____
_____

Human Resources (List personnel needed and their roles in implementing the solution):

_____
_____
_____
_____
_____

Material Resources (List any equipment, supplies, or other materials needed):

_____
_____
_____
_____
_____

Implementation Timeline

Start Date: _____/_____/_____

Completion Date: _____/_____/_____

Key Milestones:

1. _____ Expected: _____/_____/_____
2. _____ Expected: _____/_____/_____
3. _____ Expected: _____/_____/_____

Risk Re-assessment

Likelihood (After Control): _____ (1-5)
Consequence (After Control): _____ (1-5)
New Risk Rating: _____ (Low, Medium, High, Very High)

Monitoring and Review

Monitoring Process (Describe how the implementation and effectiveness of the solution will be monitored):

_____
_____
_____
_____
_____
_____
_____
_____

Review Schedule (Set dates for reviewing the effectiveness of the solution):

_____
_____
_____
_____

_____

_____

Approval

Submitted by:

_____

Role: _____

Date: _____/_____/_____

Approved by:

_____

Role: _____

Date: _____/_____/_____

Signature:

_____

Additional Notes

_____

_____

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