



Policy Supporting Document:	O-2.1.6
Policy Holder:	VP Administration

Unit: _____
Initiator: _____
Date: _____
Risk Level: _____

Risk Treatment - Action Plan

Description of Risk:

Potential Impacts:

Current Risk Mitigation (list):

Risk Action Plan

Proposed Actions (list):	By whom:	By when:

Resources Required (\$): _____

Plan Approved: **Comments:** _____

Resources Approved: **Comments:** _____

Review Date: _____

Unit Leader: _____ **Date:** _____