**QUALITY RISK ASSESSMENT AND CONTROL**

**1. Process Steps:** Briefly list the main steps in the process.

**2. Hazards:**

* What could go wrong at each step?
* Consider:
	+ Physical hazards: Trips, falls, spills, equipment injuries
	+ Ergonomic hazards: Poor workstation setup, repetitive strain
	+ Psychological hazards: Stress, burnout, harassment
	+ Data/Security hazards: Data breaches, confidentiality violations, errors

**3. Who Might Be Harmed?**

* Employees
* Clients/Customers
* Visitors

**4. Likelihood (How likely is it to happen?) (Score from 1-5)**

* 1: Very unlikely (e.g., happens less than once a year)
* 2: Unlikely (e.g., could happen a few times a year)
* 3: Possible (e.g., could happen monthly)
* 4: Likely (e.g., could happen weekly)
* 5: Very likely (e.g., could happen daily or multiple times a day)

**5. Severity (How bad would it be?) (Score from 1-5)**

* 1: Insignificant (e.g., minor inconvenience, easily rectified)
* 2: Minor (e.g., first aid treatment, minor damage, short delay)
* 3: Moderate (e.g., lost time injury, reportable incident, disruption to service)
* 4: Major (e.g., long-term injury, significant financial loss, major disruption)
* 5: Catastrophic (e.g., fatality, permanent disability, business closure)

**6. Risk Rating (Likelihood x Severity)**

* 1-4: Low risk (monitor and review)
* 5-9: Medium risk (action required to reduce risk)
* 10-16: High risk (requires immediate action)
* 17-25: Very high risk (unacceptable, stop the activity until controlled)

**7. Control Measures (What can be done to reduce the risk?)**

* Eliminate: Remove the hazard entirely
* Substitute: Replace the hazard with something safer
* Engineering Controls: Physical changes to the workplace (e.g., better lighting, adjustable chairs)
* Administrative Controls: Changes to procedures and training (e.g., safe work practices, job rotation)
* Personal Protective Equipment (PPE): Last resort (e.g., gloves, safety glasses)

**8. Action Plan**

* What specific actions will be taken?
* Who is responsible?
* When will it be completed?

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| **Process Name** | **Department** | **Assessor Name(s)** | **Date of Assessment** | **Review Date** |
| **New Employee Onboarding** | **Human Resources** | **Jane Doe, John Smith** | **2024-11-22** | **2025-11-22** |

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| **Step in Process** | **Hazard** | **Who Might Be Harmed** | **Likelihood** | **Severity** | **Risk Rating** | **Existing Control Measures** | **Proposed Control Measures** | **Action Plan** | **Responsible Person** | **Completion Date** |
| Setting up new employee workstation | Ergonomic issues (incorrect chair/desk height, monitor position) | New employee | 4 (Likely) | 3 (Moderate) | 12 (High) | Basic workstation setup guidelines provided | 1. Provide adjustable chairs and desks (3). 2. Offer individual ergonomic assessments (3). 3. Develop comprehensive ergonomic training (4). | 1. Order adjustable equipment and schedule installation (Jane Doe - 2024-12-15). 2. Partner with occupational health provider for assessments (John Smith - 2025-01-15).3. Create online training module (Jane Doe - 2025-02-15). | Jane Doe, John Smith | See Action Plan |
| Providing access to IT systems | Data breach (unauthorized access to confidential information) | Company, employees, clients | 2 (Unlikely) | 5 (Catastrophic) | 10 (High) | Password protection, access controls | 1. Implement multi-factor authentication (4).2. Provide data security awareness training (4). | 1. Contact IT department to enable multi-factor authentication (John Smith - 2024-12-01).2. Develop and deliver data security training for all new employees (Jane Doe - ongoing). | John Smith, Jane Doe | See Action Plan |
| Issuing company ID card | Injury from lanyard (strangulation/choking hazard) | New employee | 1 (Very unlikely) | 4 (Major) | 4 (Low) | Breakaway lanyards used | None required at this time. | Monitor and review. | Jane Doe | N/A |

**QUALITY RISK ASSESSMENT AND CONTROL**

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| **Step in Process** | **Hazard** | **Who Might Be Harmed** | **Likelihood** | **Severity** | **Risk Rating** | **Existing Control Measures** | **Proposed Control Measures** | **Action Plan** | **Responsible Person** | **Completion Date** |
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Prepared: **(Name and Signature of Process Owner)** Date

 *Position of Process Owner*

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Recommending Approval: **(Name and Signature of Sectoral VP)** Date

 *Vice President for..*

Approved: **EDGAR G. CUE** Date

 *University President*