



During the course of a project, potential risks can be identified by a myriad of sources. The Project Risk Information Data Collection Form's purpose is to provide a vehicle for capturing detail information on any of those risks for analysis and evaluation. Summary information from this data collection is then encapsulated in the Risk Management Log for review.

*Note: In any table, select and delete any blue line text; then click Home → Styles and select "Table Text" to restore the cells to the default value.*

## Risk Information Data Collection Form (RIF)

### Risk Identification

Risk Source Name			Phone Number	Email Address
<b>Risk ID</b>	<b>WBS #</b>	<b>Date Risk Identified</b>	<b>Risk Owner</b>	<b>Risk Action Owner</b>
<i>RI-999</i>	<i>10.23</i>	<i>99/99/9999</i>		
Risk Short Title			Risk Event Description	

### Risk Root Cause Analysis

<b>Risk Assessment</b>	<i>If the Risk...</i>
<b>Risk Impact</b>	<i>Then the Risk Impacts...</i>

### Impacted Projects

<b>Risk Affects</b>	<input type="checkbox"/>	<i>Project Name 1</i>	<input type="checkbox"/>	<i>Project Name 2</i>	<input type="checkbox"/>	<i>Project Name 3</i>	<input type="checkbox"/>	<i>Program Level</i>
<b>Impact Areas</b>	<input type="checkbox"/>	Cost	<input type="checkbox"/>	Schedule	<input type="checkbox"/>	Resource	<input type="checkbox"/>	Scope
	<input type="checkbox"/>	Quality	<input type="checkbox"/>	Safety	<input type="checkbox"/>	Reliability	<input type="checkbox"/>	

### OMB Risk Category

(only necessary on federal projects)	<input type="checkbox"/>	1-Schedule	<input type="checkbox"/>	8-Surety (Asset Protection)	<input type="checkbox"/>	15-Technology
	<input type="checkbox"/>	2-Initial Costs	<input type="checkbox"/>	9-Risk of Creating a Monopoly	<input type="checkbox"/>	16-Strategic
	<input type="checkbox"/>	3-Life-Cycle Costs	<input type="checkbox"/>	10-Capability of Agency to Manage Investment	<input type="checkbox"/>	17-Security
	<input type="checkbox"/>	4-Technical Obsolescence	<input type="checkbox"/>	11-Overall Risk of Investment Failure	<input type="checkbox"/>	18-Privacy
	<input type="checkbox"/>	5-feasibility	<input type="checkbox"/>	12-Organizational and Change Management	<input type="checkbox"/>	19-Project Resources
	<input type="checkbox"/>	6-Reliability of Systems	<input type="checkbox"/>	13-Business	<input type="checkbox"/>	
	<input type="checkbox"/>	7-Dependencies and Interoperability	<input type="checkbox"/>	14-Data/Info	<input type="checkbox"/>	



**Risk Information Data Collection Form**  
**Project Name**  
 Version

<b>Type of Risk</b>	<input type="checkbox"/>	Internal Risk to ICD-10	<input type="checkbox"/>	External Risks to ICD-10				
Risk Probability (RP) (1-5):		Risk Impact (RI):		Net Risk Index (NRI) (1-25):				
Net Risk Index (RP x RI = 1 to 25): High (15-25), Medium (4-12), Low (1-3)								
<b>Trigger Event:</b>	(What will it take this risk to from a risk to an issue? (Note: an issue is a realized risk))							
<b>Potential Trigger Date:</b>	(Use this field to set a timeframe when this risk should become an issue.)							
<b>Risk Reduction Strategy:</b>	<input type="checkbox"/>	Mitigate	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	Accept	<input type="checkbox"/>	Avoid
<b>Risk Reduction Plan:</b>								