## **Risk Register Cover Sheet**

| Workplace Name |            |                             |                     |                     |                         |         |
|----------------|------------|-----------------------------|---------------------|---------------------|-------------------------|---------|
| RA Ref.<br>No. | Department | Process / Activity Location | RA Approval<br>Date | Next Review<br>Date | RA Leader & Designation | Remarks |
| 1              |            |                             |                     |                     |                         |         |
| 2              |            |                             |                     |                     |                         |         |
| 3              |            |                             |                     |                     |                         |         |
| 4              |            |                             |                     |                     |                         |         |
| 5              |            |                             |                     |                     |                         |         |
| 6              |            |                             |                     |                     |                         |         |
| 7              |            |                             |                     |                     |                         |         |
| 8              |            |                             |                     |                     |                         |         |
| 9              |            |                             |                     |                     |                         |         |
| 10             |            |                             |                     |                     |                         |         |
| 11             |            |                             |                     |                     |                         |         |
| 12             |            |                             |                     |                     |                         |         |
| 13             |            |                             |                     |                     |                         |         |
| 14             | ·          |                             |                     |                     |                         |         |
| 15             | ·          |                             |                     |                     |                         |         |

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