NEW YORK STATE DEPARTMENT OF HEALTH
PROJECT MANAGEMENT OFFICE

RISK MANAGEMENT WORKSHEET

Purpose:	Identifies potential risks for the project so that early planning can mitigate their effects. Guides agency project managers and project sponsors to document known risks throughout the duration of the project. Risks will continue to be identified, tracked, and analyzed to assess the probability of their occurrence and to minimize their potential impacts on the project
Target Audience:	Project Sponsor, Project Director, Project Manager, Project Team

PROJECT IDENTIFICATION

Project Name:
Project Sponsor:
Project Director:
Project Manager:
Date:

DOCUMENT HISTORY

Revision *(Briefly describe the revision.)*	Author	Revision Date

Fill in the table below with all known risk information. Assign each risk a Risk ID#, Probability (H, M, L), Impact Description, Mitigation action, owner, and status of the risk.

Risk ID #	Risks *(list potential risks)*	Probability *(High, Medium or Low)*	Impact Description *(describe impact of risk)*	Risk Management Plan *(describe mitigation action)*	Risk Owner	Status