**RISK MANAGEMENT RECORD (RMR)**

**SECTION I**

**Description of Concern:**

Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee | Click here to enter text. | Date Submitted | Click here to enter a date. |

**Section II**

|  |  |  |  |
| --- | --- | --- | --- |
| Risk or Opportunity | Probability of Occurrence | Potential Impact | Further Action Required |
| Click here to enter text. | Choose an item. | Choose an item. | Choose an item. |

|  |  |  |
| --- | --- | --- |
| Forensic Scientist Manager, Forensic Scientist Supervisor, or Technical Leader |  | Click here to enter a date. |
| Quality Manager |  | Click here to enter a date. |

|  |  |
| --- | --- |
| Failure Modes and Effects Analysis (FMEA) Assigned to: | Date Due: |
| Click here to enter text. | Click here to enter a date. |



**SECTION III**

**FINAL RESOLUTION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FMEA Accepted? |[ ]  Yes |[ ]  No | QMSignature |  | Click here to enter a date. |

If not accepted, explain:

Click here to enter text.

|  |  |  |
| --- | --- | --- |
|[ ]  Actions completed |[ ]  Effectiveness verified |[ ]  Closed |
| Signature |  |
| Quality Manager |  |
| Assistant Director Review |  |