**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 | QM  Signature |  | 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 | |  | | | | |