

RISK MANAGEMENT REPORT - 2014

INSTRUCTIONS AND REPORT FORMAT

****IMPORTANT**** PLEASE READ THE FOLLOWING INFORMATION IN IT'S ENTIRETY BEFORE YOU BEGIN THIS REPORT AS IT REQUIRES YOU TO ENABLE THIRD PARTY COOKIES ON YOUR BROWSER. IN ADDITION, THE "REPORT CONTENT" SECTION BELOW IDENTIFIES WHICH SECTIONS OF THE REPORT ARE REQUIRED.

ENABLING THIRD PARTY COOKIES: Refer to your email for instructions on how to do this. ADDITIONALLY, your browser settings MUST NOT BE SET TO DELETE COOKIES UPON EXIT. FAILURE TO MAINTAIN THESE COMPUTER SETTINGS UNTIL YOUR REPORT IS SUBMITTED WILL RESULT IN YOUR REPONSES BEING LOST WHEN YOU EXIT THE REPORT.

SAVING DATA: As you enter data, your responses can be saved by clicking on the "SAVE" button at the bottom of the report (located after Question #109). Given this ability, you do not have to complete the report in one session. To access the report later, you must retain the weblink that was provided in your email.

Before you submit your report it is HIGHLY recommended that you print or create a PDF copy for your records. To save a PDF copy, you MUST have a PDF converter installed in your printer options. If you do not have a PDF converter, contact your IT support staff. ONCE THE REPORT IS SUBMITTED, IT CANNOT BE RETRIEVED FOR REVISION.

REPORT CONTENT:

The Risk Management Report begins with the following three (3) sections which MUST be completed:

1. **DEMOGRAPHIC INFORMATION** – Identifies the program area performing the review.
2. **INTERNAL CONTROL STANDARDS** – An assessment of how well the assessable unit meets established Office of State Comptroller's (OSC) standards for risk management and internal control.
3. **FUNCTION IDENTIFICATION** – An inventory of all major functions performed by the assessable unit

NEXT, sections 4-6 below must be provided for EACH major function listed in the Function Identification section:

4. **RISK IDENTIFICATION** – Identify two events or weaknesses that threaten the accomplishment of the function's objectives.
5. **FUNCTION RISK ASSESSMENT** - Evaluate 12 aspects of each function for its relative risk in terms of the likelihood and impact of something going wrong.
6. **CONTROL ACTIVITIES** – Identify two corresponding internal control activities in place to manage the risks that have been identified. Examples may include: documentation, authorization, separation of duties, safeguarding assets, access authority, supervision, monitoring, approval limits, reviewing, reconciliation, edits, etc.

NEXT, functions which receive a MODERATE or HIGH risk rating must provide the following additional information:

A. **TESTING INFORMATION** – Provide details regarding the plan for evaluating whether internal control activities are working as intended and are effective. Methods may include review of documentation, observance of procedures, interview of staff members or a combination of these methods

B. **RESULTS OF TESTING** – Review each of the four questions and indicate whether the individual standard has been met.

LASTLY, if Testing Results indicate no deficiencies (evidenced by four YES responses), the review of this function is now complete. However, if any deficiencies (evidenced by one or more NO responses) were found during the testing process, a Corrective Action Plan is required for this function.

C. **CORRECTIVE ACTION PLAN** – Provide details for a specific plan of correction that will be taken to remedy any deficiencies that are found during the testing process.

D. **OUTCOME OF CORRECTIVE ACTIONS TAKEN LAST YEAR** - (if not already provided to the Risk Management Unit.)

E. **CERTIFICATION STATEMENTS** - Verify and provide requested information.

AN EXPLANATION OF TERMS AND CONCEPTS INCLUDED IN THIS REPORT CAN BE FOUND IN GUIDANCE DOCUMENT WHICH ACCOMPANIED YOUR EMAIL NOTIFICATION. ADDITIONAL REFERENCE MATERIALS (INCLUDING MANAGER'S TESTING GUIDE) CAN BE FOUND ON OUR WEBSITE, <http://icuweb>. LASTLY, REFER TO APPM 4.0 FOR INFORMATION ON RISK MANAGEMENT REPORTING.

1. DEMOGRAPHIC INFORMATION

Complete the following demographic information. (Please do NOT use acronyms such as OPCHSM, abbreviations, etc.)

Office: (e.g., Office of Health Insurance Programs, etc.)

Division:

Bureau:

Assessable Unit:

Assessable Unit Manager:

Email Address:

Phone #:

2. INTERNAL CONTROL STANDARDS

Please indicate with a YES or NO response whether your assessable unit meets the following internal control standards:

2. Policies and procedures for the unit's operations are current, in writing, reasonable, are followed and help accomplish objectives?

☐ Yes ☐ No

3. Unit management demonstrates a supportive attitude toward internal controls.

☐ Yes ☐ No

4. Unit employees and supervisors are committed to doing a good job and held to high ethical standards and integrity.

☐ Yes ☐ No

5. The unit receives necessary information from internal and external sources in a timely and effective manner.

☐ Yes ☐ No

6. The unit communicates information that others need in a timely fashion.

☐ Yes ☐ No

7. Training on effective internal controls is given on a regular basis, to both new and current employees.

☐ Yes ☐ No

8. Supervisors at all levels regularly monitor their employees' and unit's work activities and follow-up as needed.

☐ Yes ☐ No

9. Employee performance is reviewed at appropriate intervals?

☐ Yes ☐ No

10. Internal and/or external feedback and complaints are followed up on in a timely and effective manner.

☐ Yes ☐ No

11. Managers are well aware of unit risk, including significance, likelihood and cause.

☐ Yes ☐ No

12. Resources utilized for internal controls are prioritized based on the likelihood and potential impact of risks occurring.

☐ Yes

☐ No

13. Changes in operational risks are identified and monitored.

☐ Yes

☐ No

14. Managers are aware of the various types of internal controls.

☐ Yes

☐ No

15. Internal controls are built into the unit's operations.

☐ Yes

☐ No

16. The effectiveness and utilization of internal controls are checked regularly.

☐ Yes

☐ No

17. In the box below, separately identify the question #'s (2-16) from above which received a "NO" response and identify what improvement steps will be taken to meet the respective standard.

18. FUNCTION IDENTIFICATION

Briefly identify each of your unit's major functions and provide a short description of its objective.

FUNCTION #1	
Objective	
FUNCTION #2	
Objective	
FUNCTION #3	
Objective	
FUNCTION #4	
Objective	
FUNCTION #5	
Objective	

FUNCTION #6

Objective

FUNCTION #7

Objective

FUNCTION #8

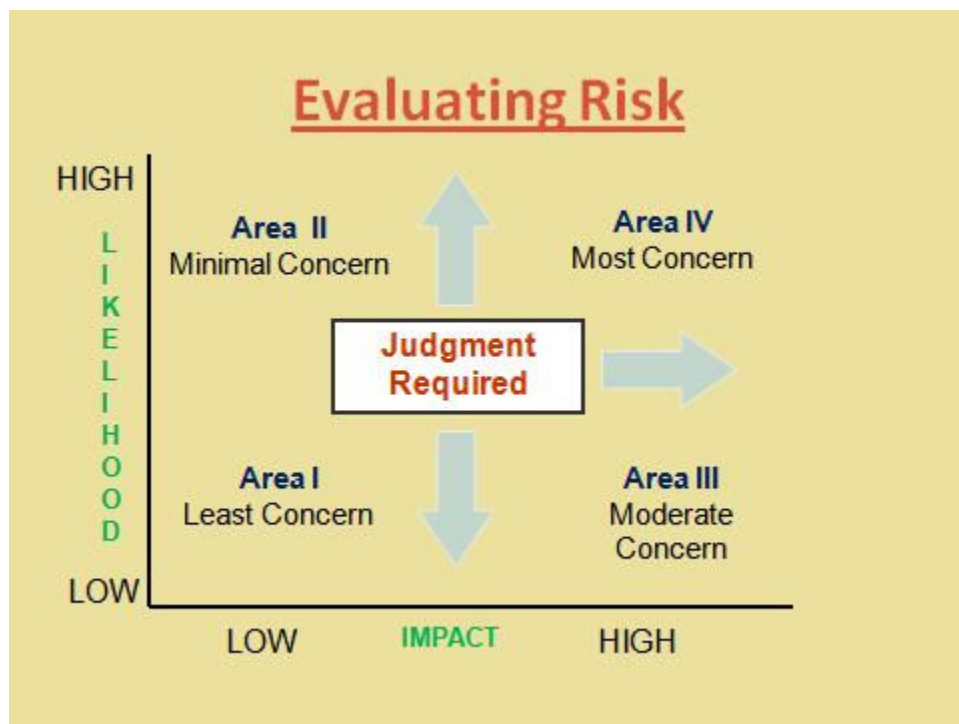
Objective

RISK ASSESSMENT

A risk assessment focuses on two things: 1) The **LIKELIHOOD** that something will go wrong; and 2) the **IMPACT** (expressed in terms of cost or program results) of something going wrong.

Please review the following chart to evaluate identified risks, with quadrant one representing the lowest priority and quadrant four representing the highest priority risk.

Using the chart below you will be asked to perform a Risk Assessment for EACH major function that was identified in question #18. This assessment will be done by reviewing 12 separate areas in terms of their **IMPACT** and **LIKELIHOOD** of occurrence. A full description of each of these 12 areas is available in the Risk Management Guidance document. In conducting this assessment **ASSUME THAT THERE ARE NO CONTROLS OR MINIMAL CONTROLS IN PLACE** to manage the risk.

**19. FUNCTION #1**

(Questions 19-29 pertain to Function #1)

Function #1 Name:

20. Risk Identification

In your own words, identify the **TWO** most critical risks associated with Function #1 which could prevent you from meeting your unit's

objectives. Please be specific when considering what the potential adverse event could be.

Risk #1 (describe):

21. Risk #2 (describe):

22. Function Risk Assessment

Using the Risk Assessment chart above, determine Function #1's level of risk in each of the following 12 areas in terms of the impact and likelihood of occurrence, assuming there no internal controls or minimal controls in place to manage the risk. Record the number which corresponds to the evaluation.

FUNCTION #1

	1 = LEAST concern	2 = MINIMAL concern	3 = MODERATE concern	4 = MOST concern
1.) Sensitivity/Complexity of Operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Policies & Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.) Financial Accounting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.) Authorizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.) Influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.) Stability of Operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.) Organizational Structure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.) Frequency of Reviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.) Impact of Failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.) Physical Assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.) Reliance on Information Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Sum the total risk score in the preceeding question for Function #1. For example, if you selected a rating of "3 = MODERATE concern" in EACH of the twelve areas, then your total risk score for this function would be 36.

24. Risk Rating

Based on the total risk score in question #23 above, select the corresponding risk rating for Function #1 from the following drop down menu:

25. Control Activities

For EACH of the two risks that you identified in questions #20 and #21, identify a corresponding control activity in place to manage that risk.

Control For Risk #1 (describe):

26. Control for Risk #2 (describe):

27. Testing Information

NOTE: Only those functions which receive a MODERATE or HIGH risk rating are required to be tested (compliance testing).

If Function #1 requires testing, select one control activity from the preceeding two questions and provide the following information: 1.) Control activity selected for testing; 2.) Testing objective; 3.) Date testing was conducted; 4.) Individual(s) that performed testing; 5.) Testing method (sample documentation, interview, observe procedure or combination); 6.) What documents, transactions or processes were reviewed?

28. Results of Testing

After compliance testing has been conducted, please answer the following questions based on the testing that was performed:

	Yes	No
The control is adequately designed?	<input type="radio"/>	<input type="radio"/>
The internal control is cost effective (costs do not exceed the costs that would be incurred if the undesirable event occurs.	<input type="radio"/>	<input type="radio"/>
The control is being utilized as intended.	<input type="radio"/>	<input type="radio"/>
The control is working effectively.	<input type="radio"/>	<input type="radio"/>

29. Corrective Action Plan

If there were any "NO" responses to question #28 above, a Corrective Action Plan is required. Please provide the following information: 1.) Describe deficiencies uncovered during testing process; 2.) Identify proposed corrective actions, and; 3.) Target date for completion of corrective actions.

30. FUNCTION # 2

(Questions 30-40 pertain to Function #2)

Function # 2 Name:

31. Risk Identification

In your own words, identify the TWO most critical risks associated with Function #2 which could prevent you from meeting your unit's objectives. Please be specific when considering what the potential adverse event could be.

Risk #1 (describe):**32. Risk #2 (describe):****33. Function Risk Assessment**

Using the Risk Assessment chart above, determine Function #2's level of risk in each of the following 12 areas in terms of the impact and likelihood of occurrence, assuming there no internal controls or minimal controls in place to manage the risk. Record the number which corresponds to the evaluation.

FUNCTION #2

	1 = LEAST concern	2 = MINIMAL concern	3 = MODERATE concern	4 = MOST concern
1.) Sensitivity/Complexity of Operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Policies & Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.) Financial Accounting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.) Authorizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.) Influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.) Stability of Operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.) Organizational Structure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.) Frequency of Reviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.) Impact of Failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.) Physical Assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.) Reliance on Information Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. Sum the total risk score in the preceeding question for Function #2. For example, if you selected a rating of "3 = MODERATE concern" in EACH of the twelve areas, then your total risk score for this function would be 36.

35. Risk Rating

Based on the total risk score in question #34 above, select the corresponding risk rating for Function #2 from the following drop down menu:

36. Control Activities

For EACH of the two risks that you identified in questions #31 and #32, identify a corresponding control activity in place to manage that risk.

Control For Risk #1 (describe):

37. Control for Risk #2 (describe):

38. Testing Information

NOTE: Only those functions which receive a MODERATE or HIGH risk rating are required to be tested (compliance testing).

If Function #2 requires testing, select one control activity from the preceeding two questions and provide the following information: 1.) Control activity selected for testing; 2.) Testing objective; 3.) Date testing was conducted; 4.) Individual(s) that performed testing; 5.) Testing method (sample documentation, interview, observe procedure or combination); 6.) What documents, transactions or processes were reviewed?

39. Results of Testing

After compliance testing has been conducted, please answer the following questions based on the testing that was performed:

	Yes	No
The control is adequately designed?	<input type="radio"/>	<input type="radio"/>
The internal control is cost effective (costs do not exceed the costs that would be incurred if the undesirable event occurs.	<input type="radio"/>	<input type="radio"/>
The control is being utilized as intended.	<input type="radio"/>	<input type="radio"/>
The control is working effectively.	<input type="radio"/>	<input type="radio"/>

40. Corrective Action Plan

If there were any "NO" responses to question #39 above, a Corrective Action Plan is required. Please provide the following information: 1.) Describe deficiencies uncovered during testing process; 2.) Identify proposed corrective actions, and; 3.) Target date for completion of corrective actions.

41. FUNCTION #3

(Questions 41-51 pertain to Function #3)

Function # 3 Name:

42. Risk Identification

In your own words, identify the TWO most critical risks associated with Function #3 which could prevent you from meeting your unit's objectives. Please be specific when considering what the potential adverse event could be.

Risk #1 (describe):**43. Risk #2 (describe):****44. Function Risk Assessment**

Using the Risk Assessment chart above, determine Function #3's level of risk in each of the following 12 areas in terms of the impact and likelihood of occurrence, assuming there no internal controls or minimal controls in place to manage the risk. Record the number which corresponds to the evaluation.

FUNCTION #3

	1 = LEAST concern	2 = MINIMAL concern	3 = MODERATE concern	4 = MOST concern
1.) Sensitivity/Complexity of Operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Policies & Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.) Financial Accounting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.) Authorizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.) Influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.) Stability of Operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.) Organizational Structure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.) Frequency of Reviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.) Impact of Failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.) Physical Assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.) Reliance on Information Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. Sum the total risk score in the preceeding question for Function #3. For example, if you selected a rating of "3 = MODERATE concern" in EACH of the twelve areas, then your total risk score for this function would be 36.

46. Risk Rating

Based on the total risk score in question #45 above, select the corresponding risk rating for Function #3 from the following drop down menu:

47. Control Activities

For EACH of the two risks that you identified in questions #42 and #43, identify a corresponding control activity in place to manage that risk.

Control For Risk #1 (describe):

48. Control for Risk #2 (describe):

49. Testing Information

NOTE: Only those functions which receive a MODERATE or HIGH risk rating are required to be tested (compliance testing).

If Function #3 requires testing, select one control activity from the preceeding two questions and provide the following information: 1.) Control activity selected for testing; 2.) Testing objective; 3.) Date testing was conducted; 4.) Individual(s) that performed testing; 5.) Testing method (sample documentation, interview, observe procedure or combination); 6.) What documents, transactions or processes were reviewed?

50. Results of Testing

After compliance testing has been conducted, please answer the following questions based on the testing that was performed:

	Yes	No
The control is adequately designed?	<input type="radio"/>	<input type="radio"/>
The internal control is cost effective (costs do not exceed the costs that would be incurred if the undesirable event occurs.	<input type="radio"/>	<input type="radio"/>
The control is being utilized as intended.	<input type="radio"/>	<input type="radio"/>
The control is working effectively.	<input type="radio"/>	<input type="radio"/>

51. Corrective Action Plan

If there were any "NO" responses to question #50 above, a Corrective Action Plan is required. Please provide the following information: 1.) Describe deficiencies uncovered during testing process; 2.) Identify proposed corrective actions, and; 3.) Target date for completion of corrective actions.

52. FUNCTION # 4

(Questions 52-62 pertain to Function #4)

Function # 4 Name:

53. Risk Identification

In your own words, identify the TWO most critical risks associated with Function #4 which could prevent you from meeting your unit's objectives. Please be specific when considering what the potential adverse event could be.

Risk #1 (describe):**54. Risk #2 (describe):****55. Function Risk Assessment**

Using the Risk Assessment chart above, determine Function #4's level of risk in each of the following 12 areas in terms of the impact and likelihood of occurrence, assuming there no internal controls or minimal controls in place to manage the risk. Record the number which corresponds to the evaluation.

FUNCTION #4

	1 = LEAST concern	2 = MINIMAL concern	3 = MODERATE concern	4 = MOST concern
1.) Sensitivity/Complexity of Operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Policies & Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.) Financial Accounting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.) Authorizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.) Influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.) Stability of Operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.) Organizational Structure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.) Frequency of Reviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.) Impact of Failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.) Physical Assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.) Reliance on Information Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. Sum the total risk score in the preceeding question for Function #4. For example, if you selected a rating of "3 = MODERATE concern" in EACH of the twelve areas, then your total risk score for this function would be 36.

57. Risk Rating

Based on the total risk score in question #56 above, select the corresponding risk rating for Function #4 from the following drop down menu:

58. Control Activities

For EACH of the two risks that you identified in questions #53 and #54, identify a corresponding control activity in place to manage that risk.

Control For Risk #1 (describe):

59. Control for Risk #2 (describe):

60. Testing Information

NOTE: Only those functions which receive a MODERATE or HIGH risk rating are required to be tested (compliance testing).

If Function #4 requires testing, select one control activity from the preceeding two questions and provide the following information: 1.) Control activity selected for testing; 2.) Testing objective; 3.) Date testing was conducted; 4.) Individual(s) that performed testing; 5.) Testing method (sample documentation, interview, observe procedure or combination); 6.) What documents, transactions or processes were reviewed?

61. Results of Testing

After compliance testing has been conducted, please answer the following questions based on the testing that was performed:

	Yes	No
The control is adequately designed?	<input type="radio"/>	<input type="radio"/>
The internal control is cost effective (costs do not exceed the costs that would be incurred if the undesirable event occurs.	<input type="radio"/>	<input type="radio"/>
The control is being utilized as intended.	<input type="radio"/>	<input type="radio"/>
The control is working effectively.	<input type="radio"/>	<input type="radio"/>

62. Corrective Action Plan

If there were any "NO" responses to question #61 above, a Corrective Action Plan is required. Please provide the following information: 1.) Describe deficiencies uncovered during testing process; 2.) Identify proposed corrective actions, and; 3.) Target date for completion of corrective actions.

63. FUNCTION #5

(Questions 63-73 pertain to Function #5)

Function # 5 Name:

64. Risk Identification

In your own words, identify the TWO most critical risks associated with Function #5 which could prevent you from meeting your unit's objectives. Please be specific when considering what the potential adverse event could be.

Risk #1 (describe):**65. Risk #2 (describe):****66. Function Risk Assessment**

Using the Risk Assessment chart above, determine Function #5's level of risk in each of the following 12 areas in terms of the impact and likelihood of occurrence, assuming there no internal controls or minimal controls in place to manage the risk. Record the number which corresponds to the evaluation.

FUNCTION #5

	1 = LEAST concern	2 = MINIMAL concern	3 = MODERATE concern	4 = MOST concern
1.) Sensitivity/Complexity of Operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Policies & Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.) Financial Accounting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.) Authorizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.) Influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.) Stability of Operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.) Organizational Structure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.) Frequency of Reviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.) Impact of Failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.) Physical Assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.) Reliance on Information Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. Sum the total risk score in the preceeding question for Function #5. For example, if you selected a rating of "3 = MODERATE concern" in EACH of the twelve areas, then your total risk score for this function would be 36.

68. Risk Rating

Based on the total risk score in question #67 above, select the corresponding risk rating for Function #5 from the following drop down menu:

69. Control Activities

For EACH of the two risks that you identified in questions #64 and #65, identify a corresponding control activity in place to manage that risk.

Control For Risk #1 (describe):

70. Control for Risk #2 (describe):

71. Testing Information

NOTE: Only those functions which receive a MODERATE or HIGH risk rating are required to be tested (compliance testing).

If Function #5 requires testing, select one control activity from the preceeding two questions and provide the following information: 1.) Control activity selected for testing; 2.) Testing objective; 3.) Date testing was conducted; 4.) Individual(s) that performed testing; 5.) Testing method (sample documentation, interview, observe procedure or combination); 6.) What documents, transactions or processes were reviewed?

72. Results of Testing

After compliance testing has been conducted, please answer the following questions based on the testing that was performed:

	Yes	No
The control is adequately designed?	<input type="radio"/>	<input type="radio"/>
The internal control is cost effective (costs do not exceed the costs that would be incurred if the undesirable event occurs.	<input type="radio"/>	<input type="radio"/>
The control is being utilized as intended.	<input type="radio"/>	<input type="radio"/>
The control is working effectively.	<input type="radio"/>	<input type="radio"/>

73. Corrective Action Plan

If there were any "NO" responses to question #72 above, a Corrective Action Plan is required. Please provide the following information: 1.) Describe deficiencies uncovered during testing process; 2.) Identify proposed corrective actions, and; 3.) Target date for completion of corrective actions.

74. FUNCTION # 6

(Questions 74-84 pertain to Function #6)

Function # 6 Name:

75. Risk Identification

In your own words, identify the TWO most critical risks associated with Function #6 which could prevent you from meeting your unit's objectives. Please be specific when considering what the potential adverse event could be.

Risk #1 (describe):**76. Risk #2 (describe):****77. Function Risk Assessment**

Using the Risk Assessment chart above, determine Function #6's level of risk in each of the following 12 areas in terms of the impact and likelihood of occurrence, assuming there no internal controls or minimal controls in place to manage the risk. Record the number which corresponds to the evaluation.

FUNCTION #6

	1 = LEAST concern	2 = MINIMAL concern	3 = MODERATE concern	4 = MOST concern
1.) Sensitivity/Complexity of Operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Policies & Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.) Financial Accounting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.) Authorizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.) Influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.) Stability of Operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.) Organizational Structure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.) Frequency of Reviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.) Impact of Failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.) Physical Assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.) Reliance on Information Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

78. Sum the total risk score in the preceeding question for Function #6. For example, if you selected a rating of "3 = MODERATE concern" in EACH of the twelve areas, then your total risk score for this function would be 36.

79. Risk Rating

Based on the total risk score in question #78 above, select the corresponding risk rating for Function #6 from the following drop down menu:

80. Control Activities

For EACH of the two risks that you identified in questions #75 and #76, identify a corresponding control activity in place to manage that risk.

Control For Risk #1 (describe):

81. Control for Risk #2 (describe):

82. Testing Information

NOTE: Only those functions which receive a MODERATE or HIGH risk rating are required to be tested (compliance testing).

If Function #6 requires testing, select one control activity from the preceeding two questions and provide the following information: 1.) Control activity selected for testing; 2.) Testing objective; 3.) Date testing was conducted; 4.) Individual(s) that performed testing; 5.) Testing method (sample documentation, interview, observe procedure or combination); 6.) What documents, transactions or processes were reviewed?

83. Results of Testing

After compliance testing has been conducted, please answer the following questions based on the testing that was performed:

	Yes	No
The control is adequately designed?	<input type="radio"/>	<input type="radio"/>
The internal control is cost effective (costs do not exceed the costs that would be incurred if the undesirable event occurs.	<input type="radio"/>	<input type="radio"/>
The control is being utilized as intended.	<input type="radio"/>	<input type="radio"/>
The control is working effectively.	<input type="radio"/>	<input type="radio"/>

84. Corrective Action Plan

If there were any "NO" responses to question #83 above, a Corrective Action Plan is required. Please provide the following information: 1.) Describe deficiencies uncovered during testing process; 2.) Identify proposed corrective actions, and; 3.) Target date for completion of corrective actions.

85. FUNCTION #7

(Questions 85-95 pertain to Function #7)

Function # 7 Name:

86. Risk Identification

In your own words, identify the TWO most critical risks associated with Function #7 which could prevent you from meeting your unit's objectives. Please be specific when considering what the potential adverse event could be.

Risk #1 (describe):**87. Risk #2 (describe):****88. Function Risk Assessment**

Using the Risk Assessment chart above, determine Function #7's level of risk in each of the following 12 areas in terms of the impact and likelihood of occurrence, assuming there no internal controls or minimal controls in place to manage the risk. Record the number which corresponds to the evaluation.

FUNCTION #7

	1 = LEAST concern	2 = MINIMAL concern	3 = MODERATE concern	4 = MOST concern
1.) Sensitivity/Complexity of Operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Policies & Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.) Financial Accounting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.) Authorizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.) Influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.) Stability of Operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.) Organizational Structure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.) Frequency of Reviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.) Impact of Failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.) Physical Assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.) Reliance on Information Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

89. Sum the total risk score in the preceeding question for Function #7. For example, if you selected a rating of "3 = MODERATE concern" in EACH of the twelve areas, then your total risk score for this function would be 36.

90. Risk Rating

Based on the total risk score in question #89 above, select the corresponding risk rating for Function #7 from the following drop down menu:

91. Control Activities

For EACH of the two risks that you identified in questions #86 and #87, identify a corresponding control activity in place to manage that risk.

Control For Risk #1 (describe):

92. Control for Risk #2 (describe):

93. Testing Information

NOTE: Only those functions which receive a MODERATE or HIGH risk rating are required to be tested (compliance testing).

If Function #7 requires testing, select one control activity from the preceeding two questions and provide the following information: 1.) Control activity selected for testing; 2.) Testing objective; 3.) Date testing was conducted; 4.) Individual(s) that performed testing; 5.) Testing method (sample documentation, interview, observe procedure or combination); 6.) What documents, transactions or processes were reviewed?

94. Results of Testing

After compliance testing has been conducted, please answer the following questions based on the testing that was performed:

	Yes	No
The control is adequately designed?	<input type="radio"/>	<input type="radio"/>
The internal control is cost effective (costs do not exceed the costs that would be incurred if the undesirable event occurs.	<input type="radio"/>	<input type="radio"/>
The control is being utilized as intended.	<input type="radio"/>	<input type="radio"/>
The control is working effectively.	<input type="radio"/>	<input type="radio"/>

95. Corrective Action Plan

If there were any "NO" responses to question #94 above, a Corrective Action Plan is required. Please provide the following information: 1.) Describe deficiencies uncovered during testing process; 2.) Identify proposed corrective actions, and; 3.) Target date for completion of corrective actions.

96. FUNCTION # 8

(Questions 96-106 pertain to Function #8)

Function # 8 Name:

97. Risk Identification

In your own words, identify the TWO most critical risks associated with Function #8 which could prevent you from meeting your unit's objectives. Please be specific when considering what the potential adverse event could be.

Risk #1 (describe):**98. Risk #2 (describe):****99. Function Risk Assessment**

Using the Risk Assessment chart above, determine Function #8's level of risk in each of the following 12 areas in terms of the impact and likelihood of occurrence, assuming there no internal controls or minimal controls in place to manage the risk. Record the number which corresponds to the evaluation.

FUNCTION #8

	1 = LEAST concern	2 = MINIMAL concern	3 = MODERATE concern	4 = MOST concern
1.) Sensitivity/Complexity of Operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.) Personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.) Policies & Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.) Financial Accounting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.) Authorizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.) Influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.) Stability of Operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.) Organizational Structure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.) Frequency of Reviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.) Impact of Failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.) Physical Assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.) Reliance on Information Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

100. Sum the total risk score in the preceeding question for Function #8. For example, if you selected a rating of "3 = MODERATE concern" in EACH of the twelve areas, then your total risk score for this function would be 36.

101. Risk Rating

Based on the total risk score in question #100 above, select the corresponding risk rating for Function #2 from the following drop down menu:

102. Control Activities

For EACH of the two risks that you identified in questions #97 and #98, identify a corresponding control activity in place to manage that risk.

Control For Risk #1 (describe):

103. Control for Risk #2 (describe):

104. Testing Information

NOTE: Only those functions which receive a MODERATE or HIGH risk rating are required to be tested (compliance testing).

If Function #8 requires testing, select one control activity from the preceeding two questions and provide the following information: 1.) Control activity selected for testing; 2.) Testing objective; 3.) Date testing was conducted; 4.) Individual(s) that performed testing; 5.) Testing method (sample documentation, interview, observe procedure or combination); 6.) What documents, transactions or processes were reviewed?

105. Results of Testing

After compliance testing has been conducted, please answer the following questions based on the testing that was performed:

	Yes	No
The control is adequately designed?	<input type="radio"/>	<input type="radio"/>
The internal control is cost effective (costs do not exceed the costs that would be incurred if the undesirable event occurs.	<input type="radio"/>	<input type="radio"/>
The control is being utilized as intended.	<input type="radio"/>	<input type="radio"/>
The control is working effectively.	<input type="radio"/>	<input type="radio"/>

106. Corrective Action Plan

If there were any "NO" responses to question #105 above, a Corrective Action Plan is required. Please provide the following information: 1.) Describe deficiencies uncovered during testing process; 2.) Identify proposed corrective actions, and; 3.) Target date for completion of corrective actions.

107. OUTCOME OF CORRECTIVE ACTIONS TAKEN LAST YEAR

If not already provided to the Risk Management Unit, provide the following information regarding the disposition of all corrective action plans that were identified in LAST YEAR'S risk management (internal control) report: 1.) Function Name; 2.) Deficient Internal Control; 3.) Corrective Action Plan and; 4.) Outcome of Corrective Action.

**108. CERTIFICATION STATEMENT - ASSESSABLE UNIT MANAGER**

"I have reviewed and agree with the Risk Management report of the above assessable unit. I understand this is subject to verification by the Internal Control Officer and/or his/her Internal Control Coordinators."

Signature:

Date:

109. CERTIFICATION STATEMENT- BUREAU OR DIVISION DIRECTOR or PROGRAM MANAGER / DIRECTOR

"For purposes of additional review, I affirm that I have shared a copy (hardcopy or PDF) of this completed Risk Management report with the below named individual and he/she has provided their approval of the report contents to me via email confirmation. I understand this is subject to verification by the Internal Control Officer and/or his/her Internal Control Coordinators."

Bureau/Division Director or Program Manager/Director:

Date Email Approval Received:

SAVE