# Risk Register Log

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| --- | --- |
| Persons Designated :  | Date risk reported:  |
| Date register completed: | Name of person reporting new risk:Name or N/A |
| Document number XX/20XX Number/Year | Send notification to Designated Individual immediately if risk score is above fifteen (15). |

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| Ref | Risk Ranking | Risk Rating | Immediate/ Corrective Action | Preventative Action  | Completed by - Initials & Date Completed |
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| Departmental head signature on review :  |  |
| Date :xx/xx/20xx |  |