| **Office/**  **Division** |  | | | | | | | **Rev./Date** |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROCESS / ACTIVITY** | **PRIMOF-PESTLE-SWOT** | **RISK/**  **OPPORTUNITY STATEMENT** | **R/O** | **RESPONSIBLE PROCESS OWNER** | **IMPACT** | **PROBABILITY** | **ASSESSMENT** | **ACTION PLAN AND TIMELINE** | | **STATUS OF PLAN (per semi-annual review)** |
| *Where risk or opportunity is likely to occur or be encountered* | *Identify which factor in the PRIMOF-PESTLE-SWOT* | *A risk/opportunity statement describing 1) impact on the process and 2) the cause* | *Identify whether a Risk or an Opportunity* | *Individual/s in your unit/division/office responsible for addressing risk/opportunity* | *Severity of Impact 1 (Low);*  *2 (Medium); 3 (High)* | *Likelihood of occurrence 1 (Unlikely);*  *2 (Likely);*  *3 (Certain)* | *Impact multiplied by probability*  *(I x P) (If actionable, i.e., score of 3 and above, proceed to next columns)* | ***Plan:*** *Indicate all actions to be taken in order to address the risk or opportunity. State if plan is intended* ***to mitigate****,* ***to eliminate****,* ***to accept****, or* ***to transfer****.*  ***Do:*** *Indicate the date that plan will take effect.*  ***Check:*** *Indicate the dates for monitoring the effectivity of the plans.* | | *Indicate risk response:* ***Mitigated****,* ***Eliminated****,* ***Accepted****, or* ***Transferred****.*  *Provide quantitative evidence, as may be reflected in QPO or other relevant forms.*  *If Action Plan is still being implemented (timeline not completed), provide updates on status.* |
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| **APPROVALS** | **SIGNATURES** | **DATE** |
| (Name / Position) |  |  |
| Prepared by |
| (Name / Position) |  |  |
| Reviewed by |
| (Name / Position) |  |  |
| Approved by |