# SWNODN RISK IDENTIFICATION FORM

|  |  |  |  |
| --- | --- | --- | --- |
| Risk / Issue reported by:Name: | | | Date: |
| Designation: | | | Trust: |
| Please complete the following in describing the risk:There is a risk that …..This is caused by ……..Would lead to an impact/effect on ….. | | | |
| When is this risk likely to occur? 0 – 3 months 3 – 6 months 6 – 9 months 9 – 12 months 12 + months | | Speciality Area of risk: (ie, respiratory, cardiology, SWNODN wide) | |
| What control measures are in place locally? | |
| Contacts at location of risk: | | | |
| Trust Risk Lead: | Name: |  | |
| Job Title |  | |
| E-mail: |  | |
| Risk Owner: | Name: |  | |
| Job Title |  | |
| E-mail: |  | |
| SWNODN Management Office: | | | |
| Date received by SWNODN Office: | | |  |
| Date added to SWNODN Risk Register | | |  |
| SWNODN Risk Ref No: | | |  |

Please e-mail this form to [joanne.smart@nbt.nhs.uk](mailto:joanne.smart@nbt.nhs.uk)

Any queries, please call 0117 41 41184 or 41185