Webb County RISK ASSESSMENT FORM

Other:

REF ID NO.		10.	SUBMITTED BY	DATE SUBMITTED			
			Mireya Romero	September 15,2023			
RISK	TYPE selec	ct one					
	Financial						
	Legal / Contractual						
	Reputation / Customer Relations						
	Resources						
	Operation	nal					
V	Other:	Social Se	rvices				
RISK	DESCRIPT	TON					
Sour		ay include ina	dequate lighting, temperature control, faulty outlets of able or poorly maintained furniture. Eye strain from l				
PERS	ON(S) IM	PACTED ct	neck all that apply				
√	Custome	ers / Clients					
√	Employe	es					
	Contrac	tors					
	Public						
	Other:						
	Other:						

RISK IMPACT select one

	IMPACT LEVEL	DESCRIPTION
	NOT SIGNIFICANT Negligible injuries not needing medical treatment	
√	MINOR	Minor injuries causing temporary impairment needing medical treatment
	MODERATE	Illness and/or injury requiring hospitalization
	MAJOR	Illness and/or injury resulting in permanent impairment
	SEVERE	Fatality

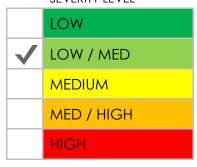
RISK PROBABILITY select one

	PROBABILITY LEVEL	DESCRIPTION
	HIGHLY UNLIKELY	Rare chance of an occurrence
	UNLIKELY	Not likely to occur under normal circumstances
√	POSSIBLE	May occur at some point under normal circumstances
	LIKELY	Expected to occur at some point in time
	HIGHLY LIKELY	Expected to occur regularly under normal circumstances

RISK SEVERITY MATRIX based on Impact and Probability Levels

IMPACT x PROBABILITY	NOT SIGNIFICANT	MINOR	MODERATE	MAJOR	SEVERE
HIGHLY UNLIKELY	LOW	LOW	LOW / MED	MEDIUM	MEDIUM
UNLIKELY	LOW	LOW / MED	LOW / MED	MEDIUM	MED / HIGH
POSSIBLE	LOW	LOW / MED	MEDIUM	MED / HIGH	MED / HIGH
LIKELY	LOW	LOW / MED	MEDIUM	MED / HIGH	HIGH
HIGHLY LIKELY	LOW / MED	MEDIUM	MED / HIGH	HIGH	HIGH

RISK SEVERITY LEVEL select corresponding Severity Level from matrix above based upon Impact and Probability Levels SEVERITY LEVEL



CURRENT CONTROL MEASURES

Our control measures include scheduled Building Maintenance, daily building walk through, encourage staff to take breaks.			
EDED? select one			
ENT if applicable			
	ASSIGNED TO	DUE DATE	STATUS
	All Staff	End of Month	Ongoing
APPROVING OFFICIAL NAME & TITLE		SIGNATURE	
Adolfo Gutierrez, WCCAA P			
	EDED? select one ENT if applicable APPROVING OFFICIAL NAM	EDED? select one ENT if applicable ASSIGNED TO All Staff	EDED? select one ENT if applicable ASSIGNED TO DUE DATE All Staff End of Month APPROVING OFFICIAL NAME & TITLE SIGN.