

Webb County RISK ASSESSMENT FORM

REF ID NO.	SUBMITTED BY	DATE SUBMITTED
	Mireya Romero	September 15,2023

RISK TYPE *select one*

<input type="checkbox"/>	Financial
<input type="checkbox"/>	Legal / Contractual
<input type="checkbox"/>	Reputation / Customer Relations
<input type="checkbox"/>	Resources
<input type="checkbox"/>	Operational
<input checked="" type="checkbox"/>	Other: Social Services

RISK DESCRIPTION

Webb County Community Action Agency assists low-income individuals meet their immediate household energy needs and to transition out of poverty through our Case Management Program. Applications are accepted via email and in person. Clients applying in person are scheduled in the office and attended to by caseworkers.

SOURCE OF RISK

Source of risk may include inadequate lighting, temperature control, faulty outlets or equipment, cluttered or obstructed walkways, stairs, or exits; unstable or poorly maintained furniture. Eye strain from looking at monitors for too long.

PERSON(S) IMPACTED *check all that apply*

<input checked="" type="checkbox"/>	Customers / Clients
<input checked="" type="checkbox"/>	Employees
<input type="checkbox"/>	Contractors
<input type="checkbox"/>	Public
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
<input type="checkbox"/>	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
	LOW
✓	LOW / MED
	MEDIUM
	MED / HIGH
	HIGH

CURRENT CONTROL MEASURES

Our control measures include scheduled Building Maintenance, daily building walk through, encourage staff to take breaks.

FURTHER ACTION NEEDED? *select one*

<input checked="" type="checkbox"/>	YES
<input type="checkbox"/>	NO

ACTIONS TO IMPLEMENT *if applicable*

ACTION	ASSIGNED TO	DUE DATE	STATUS
Monthly Safety Meeting	All Staff	End of Month	Ongoing

DATE REVIEWED

APPROVING OFFICIAL NAME & TITLE

SIGNATURE

09/15/2023

Adolfo Gutierrez, WCCAA Program Manager

REMARKS

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