Risk Treatment Schedule and Plan

FUNCTION/ACTIVITY _____ COMPILED BY _____ DATE _____

REVIEWED BY _____ DATE _____

RISKS IN PRIORITY ORDER (FROM RISK REGISTER)	**TREATMENT OPTIONS**	**PREFERRED OPTIONS**	**RISK RATING AFTER TREATMENT**	**COST/BENEFIT ANALYSIS RESULT** (ACCEPT/REJECT)	**PERSON RESPONSIBLE FOR IMPLEMENTATION**	**TIMETABLE FOR IMPLEMENTATION**	**HOW TO MONITOR THE RISK AND THE TREATMENT OPTIONS**