

# Workplace Security Threat Assessment

## General Information

Assessment Date:

Assessor Name:

Department/Area:

Location:

## Identified Threats

Threat Description	Likelihood	Potential Impact	Existing Controls	Additional Actions Required
	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		

## Summary & Recommendations

Overall Risk Level:

Recommended Actions:

## Approval

Approver Name:

Date:

