

Healthcare IT System Risk Assessment Form

General Information

Assessment Date

Assessor Name

Department

System/Application Name

System Owner

System Description

Purpose of the System

Criticality Level

Identified Risks

Risk Description	Likelihood	Impact	Controls	Residual Risk
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Recommendations

Summary of Recommendations

Approval

Approver Name

Approval Date

Signature