## **Risk Register Cover Sheet**

Company Name:							
RA Ref. No.	Department	Process	Location	RA Approval Date	Next Review Date	RA Leader & Designation	Remarks
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Note:

Page \_\_\_ of \_\_\_ page(s)