

Hope Street Free Clinic (HSFC) Risk Management Action Plan

Assessment Period: [Q1/Q2/Q3/Q4] - _____
Date of Assessment:
Conducted By:
Reviewed By:

1. Identified Risks & Issues

Risk/Issue	Description	Severity (Low/Medium/High)

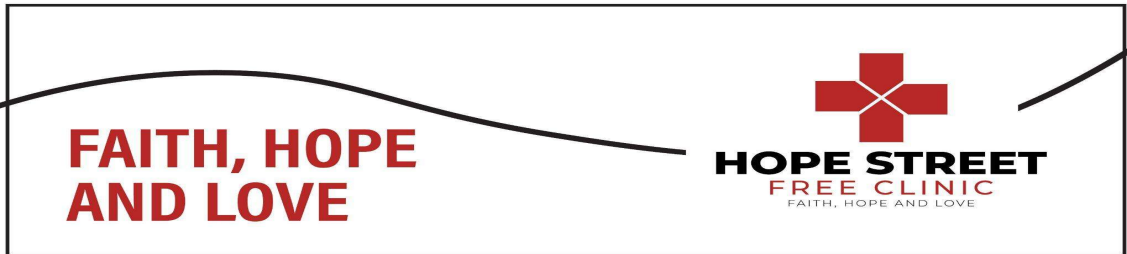
2. Action Plan & Mitigation Strategies

Action Item	Assigned To	Deadline	Status (Pending/In Progress/Completed)

3. Implementation Timeline & Follow-Up

Describe steps for monitoring progress and follow-up schedule.

- **Implementation Start Date:**
- **Follow-Up Review Dates:**
- **Responsible Party for Monitoring:**
- **Review Outcome:**



4. Evaluation & Effectiveness

Assess whether the actions taken have reduced or eliminated risks.

- Has the risk been mitigated effectively?** (Yes / No)
- Are additional actions required?** (Yes / No)
- If yes, outline further steps:** _____

Final Review & Approval

Reviewed By:

Title:

Signature: _____

Date:

For Internal Use Only:

- Filed in Risk Management Records
- Follow-up Scheduled for Next Quarter
- Submitted for Compliance Review