

Annual Risk Reduction Form

Organization Name: _____

Contact Name: _____

Email: _____

Phone #: _____

Do you have a functioning risk control committee as required by Rule R37-

1-7(3)?

Yes

No

When did your risk control committee meet during the current fiscal year?
(Four meeting minimum)

Top Known Liability/Property Risks and Hazards:

(check all that apply)

Fire

Civil Rights

Life Safety

Flood (Weather)

Slip/Trip/Fall

Water Damage

HR/Employment

Boiler/Machinery

Student Activities

Electrical

Vehicle/Transportation

Security

Other:

Annual Review/Evaluation of Your Top Risks:
(include locations, relevant incidents, mitigation efforts, and other relevant details)

Risk Reduction Plan:

(include steps already taken, obstacles, action items, deadlines, services needed from State Risk, etc.)