

TBI-Forensic Services Division

Quality System Risk Assessment

Risk Assessment Code:

RA-Unit-Issue-Date

Assessed By: _____ Date: _____

Issue to Assess: _____

Laboratory/Discipline: _____

Policy Referenced: _____

Evaluation of Potential Risk:

Potential Impact on Quality System:

Proposed Plan (list RCA and/or CAR codes if they were initiated):

Plan Assigned to: _____ Date: _____

Plan Evaluation Date: _____

Technical Leader Signature/Date: _____

Completion Date: _____

CLRS Signature/Date: _____

Quality Assurance Manager/Date: _____