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| --- | --- |
| Unit: | Vendor: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Consideration | Y/N | Risk Assessment | | |
|  |  | High | Med. | Low |
| 1. Will this service allow the University to maintain compliance with Saskatchewan and Canadian law with respect to privacy, confidentiality, and freedom of information? |  |  |  |  |
| 2. Will other instructional, research, or administrative units be required to utilize this ASP service? (Include a complete list of those units) |  |  |  |  |
| 3. Have the units identified in point 2 agreed to use the service? |  |  |  |  |
| 4. Do business critical activities of other instructional, research, or administrative units rely on data or information provided by this Vendor’s service? (Include a complete list of units affected) |  |  |  |  |
| 5. Are those units identified in point 4 aware of this change? |  |  |  |  |
| 6. Is there a potential negative financial impact on the University and its constituents of an extended loss in service, data, or information from this Vendor and if so what is the estimated amount? |  |  |  |  |
| 7. Is there a probability that the University will experience an extended loss in service, data, or information availability if so what is the % probability of such an occurrence? |  |  |  |  |

Any High Level Risk Assessment with a estimated risk of negative financial impact (point 6 dollar estimate x point 7 probability) greater than or equal to $50,000 must also include a “Detailed Risk Assessment” and be authorized by a Vice President. Any High Level Risk Assessment containing considerations with moderate or low risk only and with a probable negative financial impact (point 6 dollar estimate x point 7 probability) less than $50,000 do not require a “Detailed Risk Assessment” and may be authorized by an Associate Vice President, Dean, or Director.

Negative Financial Impact Estimate X Probability of Occurrence = Risk Impact Estimate

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_% = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Risk Assessment Completed by: Authorization to Proceed:

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Title Title

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Signature Signature

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Date Date