Agency Operational Risk/Issue (Form) / BRET (Item) / Today (Data as of: Jun 17, 2014)

OR/I GENERAL INFORMATION

General

Item Type:	
OR/I Type:	
Proponent Secretary:	
Proponent Agency:	
Governance Area:	
OR/I Type:	
Submitted by:	
Date Submitted (Select from Calendar):	
Description of OR/I:	
Governance OR/I Priority:	
Due Date to Address OR/I (Select from Calendar):	
Governing Policy or Standard:	
External Reference:	
VCAST ID Number:	
ORI Resolved:	

Governance Point of Contact (POC) Information

Point of Contact for OR/I:	
Point of Contact Email Address:	
Point of Contact Phone Number:	

AGENCY RESPONSE

Risk/Issue Mitigation Plan

1. Describe Operational Risk/Issue (OR/I) Mitigation Plan:	
2. Has an exception request been filed with the appropriate Governance group? (Yes/No):	
a. If so, was the exception request approved? (Yes/No):	
b. What was the exception approval date? (Select from Calendar):	
c. Type of Exception:	
d. If Type of Exception is Temporary, select the Exception Expiration Date:	

Agency ITSP

3. Is there a Business Requirement for Technology (BRT), Approved IBC or Work Request identified in your Agency Strategic Plan to address this OR/I? (Select Yes/No):	
a. If a BRT has been identified to address this OR/I, click the Add button to associate the OR/I with the BRT:	

BRT - Direction: Depends On, Type: BRT

#	I/P	Name	Secretary	Agency	BRT Status	BRT Type	Description	Business Need	Submitted by

#	Item Properties - continued
	Submission Date

b. In what biennium do you expect to initiate an investment to address the OR/I? (Select from Value List of Biennium):	
c. Please estimate agency cost (including projects and/or procurements) of addressing this OR/I (Select dollar range):	

d. If a Work Request has been identified to address this OR/I, please identify the Work Request Identifier:	
OR/I Work Request (Text):	

Documentation

Name	Link	Size	Owner	Uploaded

AGENCY RESPONSE CONTINUED

Agency OR/I Response (cont)

4. What is the planned start date for addressing this OR/I? (Select from Calendar):	
5. What is the planned end date for addressing this OR/I? (Select from Calendar):	
6. Do you agree with the Priority assigned by the Governance Group for this OR/I? (Yes/No):	
a. If no, please identify the Agency Priority for addressing this OR/I: (Select High, Medium, Low):	
b. Please explain the discrepancy between the Governance priority assigned and the Agency priority assigned: (Text):	
7. Have you discussed this OR/I with your Customer Account Manager (CAM)? (Yes/No):	
8. Agency Comments:	

OR/I REVIEW/APPROVALS	
Governance Submission	
1. Notified AITR/Agency Head of Submission (Yes/No):	
a. Notification Date: (Select from Calendar):	
b. VITA Comments:	
Agency Response	
AITR Approval	
AITR Approval - (Yes/No):	
Approval Date:	
AITR Comments:	
Agency Head Approval	
Agency Head Approval - (Yes/No):	
Approval Date:	
Agency Head Comments:	
Governance Acceptance	
3. Has a BRT been entered for this OR/I?	
a. Governance Acceptance of Plan to Address OR/I (Yes/No):	
b. Acceptance Date: (Select from Calendar):	
c. Accepted By:	
Governance Acceptance Point of Contact Email:	
Governance Acceptance Point of Contact Phone:	
d. Governance Acceptance of Plan Comments:	
e. Full Governance Team Review Required (Yes/No):	