

### RISK AND OPPORTUNITIES IDENTIFICATION AND EVALUATION SHEET

### Research & Development Group

Date of Assessr	ment:	Prepared/Ass	sessed by:		Reviewed by:		Аррі	roved I	oy:	,	Next Date of Assessment:						The second secon
27 June	2023	Maric Division	nal Document	Custodian		uloven G Head		CI	nief, Divi	sion	27 June 2024						
		RISK / ISSU	E IDENTIFICA	TION AND EVALU	IATION			RIS	K ASSESS	MENT		RISK TREATME	INT .	F	ISK REDUC	TION AND IDENTIF	
No.	Process/ Activity	Requireme nt / Expectatio n	Risk Origin/ Interested Parties	Potential Risk /Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsibl e	Implementation Date	Plan of Action Taken	Actual Implem entation Date	Status (Open / Closed/ Hold)	Opportunitie
			Internal / External				P	S	P*S	L/MH/VH	RISK CO	NTROL AND MA	NAGEMENT		Verificatio	n of Action Taken	Addressed Risk /
RM- R&D /Op R- CED -01	All process	All year round	Internal	Safety of human resources/ facilities are compromise d since facilities are situated along the seismic fault	Casualties, injuries of manpower; loss and damage of properties     Disruption of business operations/ services	Regular building Inspection to check on structural integrity  Repair/ renovation of buildings, if necessary  Transfer of facilities/ equipment units to a much safer place	2	3	6	MH	Update     evacuatio     n and     emergenc     y exit plan     and     divisional     disaster     managem     ent     committee     organizati     on chart	Chief/OIC	3Q 2022	on and emergen cy exit plan and divisiona I disaster manage ment committ ee organiza tion chart	2022 and 29 June 2023	Open	Repair/ renovation of building
						Development/ implementation					<ul> <li>Replenish ment of first aid kit</li> </ul>		3Q 2022	Replenis hed first aid kit	Aug 2022		

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						of Business Continuity Plan  Regular participation in earthquake drills  PPEs and first aid kits					<ul> <li>Installatio n/ reactivatio n of alarm system</li> </ul>		DBT				
RM- R&D /Op R- CED -02	All process	All year round	Internal	Pandemic situation	Delay / suspension / deferment of activities that highly affect the achievement of functional objectives	Compliance with IATF guidelines     Implementatio n of AWA as per CSC guidelines & policies		3	3								
RM- R&D /Op R- CED -03	All process	All year round	Internal	Typhoons, floods, and other disasters occurrence	Safety of human resources and facilities are compromis ed      Casualties, injuries of manpower; loss and damage of	Regular inspection and maintenance of buildings / facilities	2	2	6	МН	Repair of leaks in the facilities	Chief/OIC	TBD with TAC Infra and TSD- ESS	Inspecti on of electrica	2022	Open	Replacement, Testing & Commissioning of 1000AT Circuit Breaker at the CED-MMIC Building

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					properties     Disruption of business operations / services	suspension.									
RM- R&D /Op R- CED -04	PM-ADM- PPMS 05- 01 Purchasin g of Goods	All year round	Internal	Delay in the implementation of project activities due to procurement issues:  Incomplet e / tailor fit specifications of supplies, materials (S&M) & equipment units due to poor planning (ABC) Limited suppliers of special S&M and equipment units Permits & requirements for controlled chemicals /reagents	Unmet target/s, milestone/s	Strategic planning and project management  Discussion with PBAC  Regular monitoring of PRs and other documents  Market study and consultative meetings with possible suppliers	2	3	6	MH	Additional Divisional Canvasse r by amending SO	Chief/OIC	August 2022		

RM- R&D/ CR- CED- 01	PM-ITDI 05- 03 Implementa tion of Regular Approved R&D Projects	round	Internal	Delay in the implementati on of activities due to unexpected breakdown of equipment unit/s	Unmet target/s, mileston e/s      Disruption of business operation	Regular preventive maintenan ce activities  Ensure availability of Supply of spare parts with the right specs  Ensure After-sales service of suppliers	1	3	3	L.				
RM- R&D/ CR- CED- 02	PM-ITDI 05- 03 Implementa tion of Regular Approved R&D Projects	All year round	Internal	Uncertainty in the accuracy / reliability of result/s of measuring equipment due to delay in calibration	Institutio nal integrity of released results	Outsource calibration services     Ensure availability of funds for a scheduled calibration     Formation of calibration monitoring team per division      Verify / recalculat e results	1	3	3					

RM- R&D / OpR - CED -05	All process	All year round	Internal	Unavailabilit y of manpower to carry out R&D activities and technical services due to unexpected leave of absence, study leave, resignation, and other related issues	Unmet target/s, mileston e/s     Disruption of business operation and services	divisional staff  Establish succession plan and knowledge management system within the division  Document	1	3	3	L				
						ed Informatio n such as Procedure s Manual and Work Instruction s								
						<ul> <li>Capability/ competen cy building such as training, seminar and other learning and developm ent strategies</li> </ul>								

RM- R&D / OpR - CED -06		All year round	Internal	Limited applicants for high-ranking positions (Division Chief) due to mismatch in the institute's criteria and preferences for said position	Operatio nal deficienc y/ ineffectiv eness of division/s	Designatio n of Officer-in-Charge     Review and updating of the institute's criteria and preferences	1	3	3							
R&D	PM-ADM- HRM 04-02 Staff Developme nt	All year round	Internal	Limitations in terms of the capability of newly-hired staff to carry-out R&D projects	Deficienc y in achievin g quality results and performa nce	Capability building  Coaching / Mentoring / Immersion  Competen cy-based Learning and Developm ent	1	3	3							
R&D / OpR - CED -08	PM-TSD- BDS 05-01 Technology Transfer/ Commercial ization of ITDI Matured Teechnologi	All year round	Internal	Lack of market study of newly generated technologies to ensure effective transfer and commerciali zation	No     Technolo     gy     Adoptor     for Tech     Transfer	Conduct stakehold er meeting/ demonstration before project completion	2	3	6	MH	Conduct market survey, technolo gy pitching and focus group discussio n	Project Leader	To be discussed with TSD	In talks with TSD	Open	Project proposal for GIA funding

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RM- R&D / OpR - CED -09	All processes	All year round	Internal	Lack of safety measures (laboratory) in the new building	Unexpect     ed     injuries     to     laborator     y staff	Signages     Limited safety equipment	2	3	6	MH	Reactivatio n/updating/ replacemen t/transfer/pr ocurement of safety equipment	Project Leaders	TBD				0.000
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Date of A	Assessment:	Prepared/	Assessed by	IDENTIFIC	ATION A	opportui and evalu MISD	JAT			ET	Next Date of	Assessment Rati Probability: 3 (High, ≥0.8 to occurrence) 2 (Medium, ≥0.4 occurrence) 1 (Low, (0.1 to 4	1.0 to < 0.8	Corre requir	citity Rating Indica citive Action Plan plus Mired oring and Measurement cition is required	onitoring and Measureme	ent is
June 13,				In ofine	RN	Waren-		·	is longs	9	January 15, 2024	occurrence) Severity: 3 (High, ≥0.8 to 2 (Medium, ≥0.4 Moderate) 1 (Low, (0.1 to <	1.0 Major) to < 0.8	VH =	.ow (1-3), <b>MH</b> = Me Very High (7-9)		
No	Process/ Activity	RISK / ISSU Require- ment/ Expecta- tion	Risk Origin/ Interest ed Parties	CATION AND EVALUA Potential Risk / Issue	ATION Impact	Current Control	Probability	Pri Nu	ASSESS Risk iority imber RPN)	Risk Acceptab ility Rating (RAR)	Recommended Additional Control	TREATMENT Responsible	Impleme ntation Date	Plan of Action Taken	TION AND IDENTI Actual Implemen- tation Date	Status (Open / Closed/ Hold)	Opportuni- ties
PLANNII	NG AND MONITO	ORING SECT	internal / External				P	S	P*S	L/MH/VH	RISK CONTRO	L AND MANAG	EMENT		Verification o	Action Taken	Addressed Risk / Issue
RM - OPR - 01- PMISD - PMS	Preparation of institute's programs and projects aligned with the national and department priorities and needs	All year round	Internal and External	Shifts in priorities, directions, and strategies due to change in leadership and/or organizational structure	Will not harm the operations	Reprioritiza- tion/realign- ment of existing PAPs and/or call for additional project proposals aligned in the new directives	1	1	1								

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		RISK / ISSII	E IDENTIFIC	ATION AND EVALUA	ATION			RISK ASSES	SMENT	RISK	TREATMENT		RISK REDUC	TION AND IDENT	FICATION OF OPI	
No	Process/ Activity	Require- ment/ Expecta- tion	Risk Origin/ Interest ed Parties Internal	Potential Risk / Issue	Impact	Current Control	To Probability	Risk Priority Number (RPN)	Risk Acceptab ility Rating (RAR)	Recommended Additional Control	Responsible	Impleme ntation Date	Płan of Action Taken	Actual Implementation Date  Verification of	Status (Open / Closed/ Hold) f Action Taken	Opportunities  Addressed Risk / Issue
RM - OPR - ^3- MISD - PMS	Preparation of institute's plans and budget proposals within the prescribed date	As pres- cribed by DBM	Internal	Under estimation of targets set due to the delay in submissions from divisions of proposed PAPs with corresponding budgetary requirements	Low appropriati ons released to the Institute	Implementa- tion of control mechanisms: -Memo re: submission deadline -Constant follow ups -DPCR rating -Estimation of targets based on the previous years' accomplishme nts	1	1 1								
			External	Unexpected reduction in the budget appropriation	Some of the PPAs targeted for the year will be deferred due to the sudden reduction in the budget appropriation	Budget apportioned among the divisions for the conduct of PPAs	1	2	1.							

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		RISK / ISS	UE IDENTIFI	CATION AND EVALU	ATION			RIS	SK AS	SESSM	ENT	RISK	TREATMENT			TION AND IDENTI		
No	Process/ Activity	Require- ment/ Expecta- tion	Risk Origin/ Intereste d Parties Internal /	Potential Risk / Issue	Impact	Current Control	D Probability	Severity	Pri Nui (R	mber RPN)	Risk Acceptab ility Rating (RAR) L/MH/VH	Recommended Additional Control RISK CONTRO	Responsible	Impleme ntation Date	Plan of Action Taken	Actual Implementation Date  Verification o	Status (Open / Closed/ Hold)	Opportuni- ties
RM - OPR -03- PMI 'D - PMS	Monitoring of Institute's programs, projects and activities (PPAs)	Quarterly	External  External	Disruption to normal operations due to natural/man-made disasters, calamities and health-related emergencies	Delay in the validation of project accomplishm ents and preparation of project documents as a result of delayed project monitoring activities	Reschedule monitoring before the project evaluation  Constant follow-up  Conduct of online monitoring		2		2	L							Right / Issue
RM - OPR -04- PMI SD - PMS	Evaluation of Institute's programs, activities and projects (PAPs)	Quarterly	Internal	1. Compromised and ineffective assessment of project proposals or project accomplishments /progress due to the absence of subject matter expert of TRC during the evaluation	Technical issues and concerns in project not resolved	The comments and/or inquiries about the projects are sent through e-mail seven (7) working days upon notification	1	2		2	Ĺ							
			External	2. Disruption to normal operations due to natural/man-made disasters and health-related emergencies	Delay in the conduct of evaluation	Reschedule evaluation	1	2		2	L							

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		RISK / ISS	UE IDENTIFI	CATION AND EVALU	ATION			RISI	K ASSESS	MENT	RISK	TREATMENT		RISK REDUC	TION AND IDENTI		
No	Process/ Activity	Require- ment/ Expecta- tion	Risk Origin/ Intereste d Parties	Potential Risk / Issue	impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptab ility Rating (RAR)	Recommended Additional Control	Responsible	ntation Date	Plan of Action Taken	Actual Implemen- tation Date	Status (Open / Closed/ Hold)	Opportuni- ties
			internal / External				P	S	P*S	L/MH/VH	RISK CONTRO	L AND MANAG	EMENT		Verification of	Action Taken	Addressed Risk / Issue
RM - OPR -05- PMI O - -/MS	Review of existing and/ or formula- tion of new organiza- tional policies	As need arises	Internal	Limited information/ data to be used as basis for policy review/ reformulation/ development	Compromised effective-ness of policy develop-ment	Cite minutes of EXECOM/ MANCOM/ Committee meetings and emphasize the significance of the current issues to justify the amendment of existing policies or development of new policies	1	3	3								

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		RISK / IS	SUE IDENTIF	CATION AND EVALU	ATION			RISI	K ASSES	SMENT	RISK	TREATMENT		RISK REDUC	TION AND IDENT	FICATION OF OP	PORTUNITES
No	Process/ Activity	Require- ment/ Expecta- tion	Risk Origin/ Interested Parties	Potential Risk /	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	flity Rating (RAR)	Recommended Additional Control	Responsible	impleme ntation Date	Plan of Action Taken	Actual Implemen- tation Date	Status (Open / Closed/ Hold)	Opportuni- ties
			Internal / External				P	S	P*S	L/MH/VH	RISK CONTRO	DL AND MANAG	EMENT		Verification o	f Action Taken	Addressed Risk / Issue
MANAC	GEMENT INFO	RMATION SYST	EMS SECTION														
RM - OPR -01- MI SD - MIS	Impleme ntation of approved and Budgete d ISSP	implement ation Period (2020- 2022)	Internal / External	Sudden     resignation of IT     Contract of     Service Staff	Delayed implementa tion of plan	Use of same system development platform for easy reassignment of priority workload	1	3	3	L							
				2. Approved ISSP not funded by DBM	Set back on ICT capabilities progress	Request for target revision from office of the Director	1	3	3	Ļ							
				3. Major change of end-user/s requirements (e.g. addition/ reduction of processes, user privileges and required pages and fields)	Set back on ICT capabilities progress	Use of Rapid Application Design in IS development	1	3	3	Ē	-						

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	RISK / ISSUE IDENTIFICATION AND EVALUATION									SMENT	RISK	TREATMENT		RISK REDI	ICTION AND IDENT	IFICATION OF OP	PORTUNITES
No	Process/ Activity	Require- ment/ Expecta- tion	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Numbe (RPN)	ility	Recommended Additional Control	Responsible	Impleme ntation Date	Plan of Action Taken	Actual implementation Date	Status (Open / Closed/ Hold)	Opportuni- ties
			Internal / External				Р	S	P*S	L/MH/VH	RISK CONTRO	OL AND MANAG	EMENT		Verification of	f Action Taken	Addressed Risk / Issue
RM - OPR -02- PMISD - MIS	Provision of ICT Infrastruct ure and Data	As need arises	Internal	Cyber Security Risk that would compromise data integrity	Interruption on organiza- tion's activities that rely on ICT infrastruc- ture	Issue Policy guidelines for ICT Security  Use of Enterprise Multi-layer Data and Network Security Infrastructure	1	3	3	1							
				Sudden loss of network connection to information systems and servers	interruption on organiza- tion's activities that rely on ICT infrastruc- ture	Provide redundancy in network connection and power source	1	3	3	Ļ							

					, and	the state of the s	- X		
Versorment is		g),			ATTON OF	Opportunities	Addressed Risk /		
Risk Acceptability Rating Indicators:  Centretive Action Plan plan Mandating and Measurement is required	Heeleolog and Maceureman is tequinal No felon is required	Legend: L = Low (1-3), MH = Medium High (4-8), VH = Vary High (7-9)			RISK REDUCTION AND IDENTIFICATION OF OPPORTUNITIES	Status (Open / Closed/ Hold)	Verification of Action Taken		
eptability Rai Cerredite Acte required	Meetleving and Maass Na Aalon is required	L=Low (1-3), VH = Very Hig			SK REDUCT	Actual Implem entation Date	Verification		
Risk Acc	5	Lagend:			2	Plan of Action Taken			
Guida:	robaballity. 3 (High, 208 to 1.0 occurrence) 2 (Mediun, 204 for 0.8 occurrence) 1 (Low, (3.1 to < 0.4 occurrence)	Major) o < 0.8 Moderate) of Minor)			4.T	Implementation Date	NAGENERT		
Assessment Rating Gulds:	Probability: 3 (High, 20.8 to 1.0 occurrence) 2 (Madium, 20.4 to < 0.4 occurrence) 1 (Low, (0.1 to < 0.4 occurrence) Severity:	3 (Migh, 20,8 to 1.0 Major) 2 (Medium, 20.4 to < 0.8 Moderute) 1 (Low, (0.1 to < 0.4 Miner)			RISK TREATMENT	Responsible e	RISK CONTROL AND MANAGEMENT		
			Next Date of Assessment:	June 1, 2024		Recommended Additional Control	RISK CC		
Ŀ				S S S S S S S S S S S S S S S S S S S	MENT	Risk Acceptability Rating (RAR)	LMHVH		
SHEE	ION		y:	Shummes Division Chieffold	RISK ASSESSMENT	Risk Priority Kumber (RPN)	P.S		es es
TES	VIS		Approved by:	\ \text{\$\frac{1}{6}} \]	SE SE	Severity	w		м
UNIT	IQ :		App	1		Probability	a.		-
RISK AND OPPORTUNITIES IDENTIFICATION AND EVALUATION SHEET	ATIVE DIVISION			Autovor RNG Head		Control			in lieu of LDDAP-ADA, chack payment will be Issued
ISK AND	ADMINISTRA		Reviewed by:	F	IATION	mpact			Lapsed NCA Possible decrease in Agency's Proposed Budget due to the previous previous previous budget utilization
R IDENTIFI	ADMI			Custodian	RISK / ISSUE IDENTIFICATION AND EVALUATION	Potential Risk / issue			Delay in the processing of Dv due to lack of information such as bank details and details and discrepancy of payee against account name
			Sessed by:	Ka kahurin Divisional Documen Custodian	IE IDENTIFICA	Risk Origin/ Interested Parties	internal / External		External
			Prepared/Assessed by:	F.a. Division	RISK / ISSI	Requireme mt/ Expectatio n		38	All year round
0			ment:	2023		Process/ Activity		CASHIER SECTION (CS)	90% of approved DV proved DV proved DV provessed and transmitted transmitted to AGSBwin 3 working days
			Date of Assessment:	June 1, 2023		ė		CASHIE	A A DM.

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### - Conduct of institutional Training; Conduct of Echo Training; Conduct of Saminar; - Coaching and Mentoring Coaching; - Use of Coaching; - Use of Coaching; - Implementation of the Saminar; - Implementation of the Saminar -Conduct of Coaching Gaps on competency is not addressed Gaps on competency is not addressed Employees are not given the opportunity to attend L&D due to: - Limited fund allothen of for training within the year, - Conduct of coaching and mentoring, and self-learning is recorded/ Employees are not interested due to: Mandatory! Optional retirement; - resistance to adaptings to new learnings HUMAN RESOURCE MANAGEMENT SECTION (HRMS) Internal Internal All year round ė At least one (1) L&D is attended by every staff win ę RM-OR-HRM S-02 RM-OR-ADM-HRM S-03

July 2022	
Division	
Transfer	
	(SECT)
F7	2 2 2
-	THE STATE OF THE S
Continuous follow-up on submission of IPCR	WARDS COMMITTEE SECRETARIAT (BAC-SECT) If insk to the charuser Change of project mile stone Accept !  Tolerate
Compromise the the ss of review process	TH 8105 & AW Hamper the Implementat Ion of R&D activities Budget utilization rate is low
Delay in the conduct of review and evaluation due to late submission of IPCR from the divisions / Individual on the prescribed deadline	PROPERTY & PROCUREMENT MANAGEMENT SECTION (PPMS) WITH BIDS & A RM- 90% of Delivery External Delay in the Hamper the Goods & Implementa ADM- POWO are delivery delivery delivery terms specification terms based on specification specification specification specification accordance with the accordance with the provider provider provider delivery delivery terms based on specification on so fend- accordance with the provider provider provider provider accordance with the provider provider provider provider accordance with the provider provider provider accordance accordance with the provider provider provider accordance accord
Internal	External
annual	Rewent MAN Delivery an agreed dailvery terms
100% of 100% of submission ns are monitored and reviewed in accordance with SFMS calendar and analyzed to identify identify identify identifor intervention s.	90% of approved approved approved belivered with the adilivery terms specifications of end-user and in accordance with the provision of RAB184
A ADM.	PROPE RM- ODR- S-01

		_	
			•
	pa pi		
	As needed		
	Division Chief Top Management		
	Marra 1		
	Designation of ficensed Chemist / Chemist / Pharmacist from the division concerned		
		3	
77	2	64	
m	EN .	2	
-		-	
Awareness of the implementing rules and regulations of COA and RA 8184 by the end-user	Strategic planning and planning and project management "Discussion with PBAC "Regular monitoring of prise and documents and consultative meetings with possible suppliers	Request for provision of	warranty extension Provision for
Potential COA AOM	Unmet targets, milestone	Possible waranty lapse	Processing
End-user is unfamiliar with with undertaking procurement processes consistent with the RA 9184	Delay in the implementation of procurement activities due to: choosing a supplies, and a supplies of suppliers	Delay in the Inspection due to:	unavailability of the inspector; mismatched
Internal	Internal Internal	Internal	
Compliance with RA 9184	All year round	All year round	
*0p-	Ó	90% of newly acquired donation &	S-09 transferred properties are properly form: RIVE-TDE-F2
RW- CR- ADM. S-01	RM- O DR- S-06	RM- OpR- ADM- PPM	S-09 Form: R

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o Determine catch-up plan for Change in Milestoneks for approval of the concerned official on-hold payment for the delivered lem but yet commissioned illustalled Conduct virtual inspection •Implementation of AWA as per CSC guidelines & policies •Development
&
implementation
of PSCP Assign storage room for unserviceable Donate to another government unit / institutions Compliance with IATF guidelines Accumulate unservicea ble items in the Laboratory/ offices Delay /
suspension
/ deferment
of activities
that highly
affect the
achievemen
t of
functional
objectives Occupy laboratory/ office space schedule of end-user and inspector; and building facility / laboratory site is not yet ready Disposal of unrecorded unserviceable litems cannot be conducted due to a lack of documentary requirements Pandemic situation Internal Internal Allyear All year round for and properly disposed of within the scheduled plan in accordance with COA rules and accounted, labeled and recorded wh 15 days upon Inspection 100% of unservices ble properties are accounted regulations functional areas RM-OPR-ADM-PPM S-10 RM-OpR-ADM-PPM S-11

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RM-OPR-AOM-S-11

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Measurement is		6).		RISK REDUCTION AND IDENTIFICATION OF OPPORTUNITES	us Opportunities losed/ 1)	Faken Addressed Risk / Issue	ed Reduced utilities consumption Assurance of safety of staff and facilities	addressed	Risk addressed
ptability Rating Indicators: Corrective Action Plan plus Montoring and Measurement is required	nent is required	fedium High (4-		NTIFICATION	Status (Open/Closed/ Hold)	Verification of Action Taken	Closed	Closed	Closed
lity Rating Inc we Action Plan pto 1	Monitoring and Measurement is required No Action is required	w (1-3), MH = N	VH = Very High (7-9)	ION AND IDE	Actual Implement ation Date	Verification	December 2021	August 2022	September 2022
Risk Acceptability Rating Indicators:  Corrective Action Plan plus Monitorin required	NO ACTO	Legend: L = Low (1-3), MH = Medium High (4-6),	/= MA	RISK REDUCT	Plan of Action Taken		Staff and facilities relocated.	Memorandum on buddy system and wearing of appropriate PPE when going to old EBD building was issued.	Emergency exits at old EBD building were cleared of obstructions.
g Guide:	3 (High, 20.8 to 1.0 occurrence) 2 (Medium, 20.4 to < 0.8 occurrence) 1 (Low, (0.1 to < 0.4 occurrence)	.0 Major) to < 0.8 Moderate)	3.4 Minor)	T	Implementation Date	AGEMENT	N		
Assessment Rating Gulde:	3 (High, 20.8 to 1.0 occurrence) 2 (Medium, 20.4 to < 0.8 occurre 1 (Low, (0.1 to < 0.4 occurrence)	Severity: 3 (High, ≥0.8 to 1.0 Major) 2 (Medium, ≥0.4 to < 0.8 Moderate)	1 (Low, (0.1 to < 0.4 Minor)	RISK TREATMENT	Responsible	RISK CONTROL AND MANAGEMENT	NA		
	NO	Next Date of Assessment:	June 6, 2024	28	Recommended Additional Control	RISK CONT	None		
	DIVIS	0	EYNACH LISTERENA	SMENT	Risk Acceptability Rating (RAR)	L/MH/vH	N		
SHEET	OGY	ed by:	The state of the s	RISK ASSESSMENT	Risk Priority Number (RPN)	P#S	0		
TES	IO	Approved by:	Rey	-	Probability	S	0		
RISK AND OPPORTUNITIES IDENTIFICATION AND EVALUATION SHEET	ENVIRONMENT AND BIOTECHNOLOGY DIVISION	Reviewed by:	Machue acon	DIA CHEST	Current		Regular building inspection to check structural integrity	Repair/renovat ion of buildings, if necessary Development/i mplementation of business continuity plan	
ISK AND OI	AND BIC			TION	Impact		Casualties, injuries of manpower, loss and damage of properties Disruption of	business operations/ services	
RIDENTIFIC	MENT A		THERETE & ARTHE	RISK / ISSUE IDENTIFICATION AND EVALUATION	Potential Risk / Issue		Safety of human resources/ facilities are compromised since facilities are situated	along the seismic fault	
A	VIRON	sed by:		JE IDENTIFICAT	Risk Origin/ Interested Parties	Internal /	Natural Phenomena External		
	EN	Prepared/Assessed by:	MACIA	RISK / ISSI	Requirement/ Expectation		All year round		
		ent:	9023		Process/ Activity		All		
G		Date of Assessment:	June 6, 2023		No.		COPR- CEBD- 01		

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PORTUNITES	Opportunities	Addressed Risk / Issue	Reduced risk of contracting of contracting or COVID-19 virus	Reduced risk of flooding; extended lifespan of facilities; lessen occurrence of occupational hazard
RISK REDUCTION AND IDENTIFICATION OF OPPORTUNITES	Status (Open/Closed/ Hold)	Verification of Action Taken	Closed	Regularly implemented (Open) Regularly implemented (Open) Regularly implemented (Open)
ON AND IDENT	Actual Implement ation Date	Verification	Dec 2021 2022	Every last Sat of the month Quarterly
RISK REDUCTION	Plan of Action Taken		Primary series of immunization of all qualified staff were completed.  Complete booster dose immunization of staff.	Clearing of building downspouts Trimming of tree branches De-clogging of canal at pilot plant
	Implementation Date	GEMENT	EO December 2023	NA
RISK TREATMENT	Responsible	RISK CONTROL AND MANAGEMENT	Division Chief	NA
F	Recommended Additional Control	RISK CON	Update list of immunization of staff especially for new employees	None
SMENT	Risk Acceptability Rating (RAR)	LIMHIVH		
RISK ASSESSMENT	Risk Priority Number (RPN)	S <sub>*</sub> d	N	2
RIS	Viheved	co	N	2
	Probability	۵.	-	-
	Current		Compliance with IATF guidelines Implementatio n of AWA as per CSC guidelines and policies Determine catch up plan for Change in milestone's for approval of concerned official?  Development and implementatio n of PSCP	Regular inspection and maintenance of buildings / facilities including trees, drainages Compliance to safety protocols and issuance of office/work suspension.
ATION	Impact		Delay/ suspension/ deferment of activities that highly affect the achievement of functional objectives	Safety of human resources and facilities are compromised lillness or injuries to personnel; damage to properties Disruption of business operations / services
RISK / ISSUE IDENTIFICATION AND EVALUATION	Potential Risk / Issue		Health of staff may be compromised due to contracting CoVID-19 virus	Typhoons, floods, and other disasters occurrence
UE IDENTIFICAT	Risk Origin/ Interested Parties	Internal /	Internal/External	External
RISK / ISS	Requirement/ Expectation		All year round	All year round
	Process/ Activity		process	All processes s
	No.		884- 0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	RBD- 03 D- 03 D- 03 D- 04 D- 05 D- 0

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PURIUMILES	Opportunities	Addressed Risk / Issue	Undisrupted PPAs Risk addressed	Expedite acquisition of equipment and supplies Risk addressed	Reduced downtime of equipment, extended lifespan and disruption of operations
RISK REDUCTION AND IDENTIFICATION OF OPPORTUNITES	Status (Open/Closed/ Hold)	Verification of Action Taken	Work Instructions; Training Certificates (Open) Regularly implemented	Approved POs (Open) Regularly implemented (Open)	Regularly implemented (Open)
ON AND IDEN	Actual Implement ation Date	Verification	Yearly	Every procureme nt of new equipment Every procureme nt of new equipment and of new equipment	Every acquisition of new equipment
NISH REDUCIN	Plan of Action Taken		Updating of Wis; staff development Updating of succession plan	Direct coordination with suppliers Provide COS staff from GIA projects to supplement procurement process	Always ensure availability of supply of spare parts and consumables with the appropriate specifications
	Implementatio n Date	GEMENT	N	NA	N
KISK I KEALINEN	Responsible	RISK CONTROL AND MANAGEMENT	A	¥.	¥.
	Recommende d Additional Control	RISK CON	None	None	None
SMENT	Risk Acceptability Rating (RAR)	L/MH/VH	_		
RION ASSESSMENT	Risk Priority Number (RPN)	P*S	m	m	2
N.	Severity	w	m	m	2
	Probability	۵.	-	<del></del>	-
	Control		Develop proper documentation protocols	Strategic planning and project management Discussion with PBAC Regular monitoring of PRs and other documents Consultative meetings with possible suppliers	Regular preventive maintenance activities Ensure aftersales service of suppliers
ALION	Impact		Difficulty in attaining targeted activities	Unmet target/s, milestone/s	Unmet target/s, milestone/s Disruption of business operation
RISK / ISSUE IDENTIFICATION AND EVALUATION	Potential Risk / Issue		Inability to sustain adequate knowledge management (KM)	Delay in the implementation not project activities due to acquisition issues	Delay in the implementation of activities due to unexpected breakdown of equipment units
UE IDENTIFICA	Risk Origin/ Interested Parties	Internal /	internal	Internal	Internal
RISK / ISS	Requirement		All year round	All year round	All year round
	Process/ Activity		All processe s	All processes s	All processe s
	No.		RM- Opra- 04	RIM- Opra- 05	RM- OpRi- 06 06

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PORTUNITES	Opportunities	Addressed Risk / Issue	More reliable results of parameters measured	Potential increase in number of publications	Risk addressed
FICATION OF O	Status (Open/Closed/ Hold)	Verification of Action Taken	Presence of calibration certificates (open)	Regularly implemented (Open)	Closed
ON AND IDEN IN	Actual Implement ation Date	Verification of	Dependent on laboratory equipment	Yearly	August 2022
RISK REDUCTION AND IDENTIFICATION OF OPPORTUNITES	Plan of Action Taken		Regular calibration laboratory equipment	Regular conduct of Writeshop.	Designation of responsible staff to assist in preparation of papers.
	Implementatio n Date	GEMENT	¥	A	
RISK TREATMENT	Responsible	RISK CONTROL AND MANAGEMENT	¥ Z	Ϋ́	
02	Recommende d Additional Control	RISK CON	None	None	
SMENT	Risk Acceptability Rating (RAR)	ГМНИН			
RISK ASSESSMENT	Risk Priority Number (RPN)	P*S	-	64	
RIS	Severity	S	-	-	
Ì	Probability	۵.	<del>-</del>	2	
	Control		Outsource calibration services Ensure availability of funds for scheduled cellbration Formation of cellbration monitoring team per division Formation of Technical Working Team to be trained and certified by NML for internal	Conduct of writeshop	
ATION	Impact		Institutional integrity of released results	ITDI will not meet KRA, performance indicators and targets	
RISK / ISSUE IDENTIFICATION AND EVALUATION	Potential Risk / Issue		Uncertainty in the accuracy / reliability of result/s of measuring equipment due to delay in calibration	Not meeting OPB targets on publication (OPB 1.4.1)	
<b>UE IDENTIFICAT</b>	Risk Origin/ Interested Parties	Internal / External	Internal	Internal	
RISK/ISS	Requirement/ Expectation		All year round	Meet target of number of peer-reviewed publications	
	Process/ Activity		processe s	0PB 1.4.1	
	No.		00R- 070 07	RM- OpR- EBD- 08	

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	60		Ø	I 0	_
RISK REDUCTION AND IDENTIFICATION OF OPPORTUNITES	Opportunities	Addressed Risk / Issue	Operationalization of TEM tion of TEM Risk addressed	Improved biosafety and biosacurity operations and practices	Professional growth
ICATION OF O	Status (Open/Closed/ Hold)	Action Taken	Closed	Closed	¥.
N AND IDENTIF	Actual Implement ation Date	Verification of Action Taken	Jun 2022 March 2023	Dec 2022	¥.
KISK KEDOCI IO	Plan of Action Taken		Clearing of designated rooms Renovation of TEM room was completed.	Institutional Biosafety Committee was established.	NA
	Implementatio n Date	GEMENT	¥ X	Dec 2023	EO Jan 2024
RISK TREATMENT	Responsible	RISK CONTROL AND MANAGEMENT	N	VIP Program	Division Chief
X.	Recommende d Additional Control	RISK CON	None	Preparation of biosafety and biosacurity protocols/man ual	Workload
SMENT	Risk Acceptability Rating (RAR)	L/MH/VH	N	-	,
RISK ASSESSMENT	Risk Priority Number (RPN)	S <sub>*</sub> d	м	м	2
RIS	Severity	S	n	m	2
	Probability	۵	0	-	-
	Control		No current control since TEM was in placed and operational already.	PPEs, good laboratory practices and engineering controls of laboratories	Hiring of COS staff
TION	Impact		Equipment not in place	Illness or injuries to personnel Compromise of intellectual properties; public safety; ercsion of public mage	Unmet targets / milestones
RISK / ISSUE IDENTIFICATION AND EVALUATION	Potential Risk / Issue		Delay in infrastructure projects	Health and safety of staff may be compromised due to infraction with biological agents.  Unauthorized release of biological agents	Delay in completion of GAA funded projects
JE IDENTIFICAT	Risk Origin/ Interested Parties	Internal /	Internal	Internal	Internal
RISK / ISSI	Requirement/ Expectation		and operational	All year round	All year round
	Process/ Activity		operation	Biosafety and Biosecurity y Processe s	All Processe s
	No.		RM- Corr- CBD- 08	RM- OpR- 10	# 680 ±

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### RISK AND OPPORTUNITIES IDENTIFICATION AND EVALUATION SHEET

### FINANCE AND MANAGEMENT DIVISION

												occurrence)	0.4	L	No Action is r	equired			
Date of A	Assessment:		Prepare	ed/Assessed by:		Reviewed by:			Approved b	oy:	Next Date of Assessment:	Severity: 3 (High, ≥0.8 to 1.0 Major) 2 (Medium, ≥0.4 to < 0.8 Moderate)		Legend: L = Low (1-3), MH = Medium High (4-6).  VH = Very High (7-9)					
April 3, 2	023	/	1	/ / /	an	MG Head			Umm Division Ch		April 4, 2024	1 (Low, (0.1 to < Minor)	0.4						
	Processin All year Internal / Incomplete 3 days of Divisional / Divisional Document Custodian  RISK / ISSUE IDENTIFICATION AND EVALUATION AND EVALUATION And Evaluation   Processin All year   Internal / Incomplete   3 days of Divisional Document Custodian  RISK / ISSUE IDENTIFICATION AND EVALUATION   Important Processin All year   Internal / Incomplete   3 days of Divisional Document Custodian	/ALUATION			RISK ASSESSMENT		RISK TREATMENT			RISK REDUCTION AND IDENTIFICATION OF OPPORTUNITES									
No.			Origin/ Interested	THE RESIDENCE OF THE CONTRACT OF THE PARTY O	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Accept ability Rating (RAR)	Recommended Additional Control	Responsible	Impl eme ntati on Date	Plan of Action Taken	Actual Imple mentat ion Date	Status (Open/Clo sed/ Hold)	Opportunities		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				P	S	P*S	L/MH/V H	RISK CONTROL	AND MANAGEM	ENT		The state of the s	ion of Action aken	Addressed Risk / Issue		
FMD-01	g of financial transactio			supporting	3 days delay of processing	Reiteration of ITDI memorandum on COA Circular re: List of supporting documents	1	1	1	L	Review completeness and correctness of supporting documents and signatures	End- user/PPMS							
FMD-02	Allotment for the budgetary requireme nt of ITDI	All year round	Internal	Urgent or sudden funding requirements	Delay of processing time	Immediate approval of request by the Head of Agency	1	1	1	L	Possible source of funding	Budget Section							

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Assessment Rating Guide: Probability: 3 (High, ≥0.8 to 1.0

2 (Medium, ≥0.4 to < 0.8

occurrence)

occurrence) 1 (Low, (0.1 to < 0.4

Document Code: RM-ITDI-F2 Issue Date: June 30, 2021 Risk Acceptability Rating Indicators:

Measurement is required

Corrective Action Plan plus Monitoring and

Monitoring and Measurement is required

	RISK / ISSUE IDENTIFICATION AND EVALUATION  D. Process/ Requirement/ Risk Potential Risk Impact Current Co								K ASSESSI		RISK TE	REATMENT			K REDUCTION		
No.	Process/ Activity	Requirement/ Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Accept ability Rating (RAR)	Recommended Additional Control	Responsible	Impl eme ntati on Date	Plan of Action Taken	Actual Imple mentat ion Date	Status (Open/Clo sed/ Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/V H	RISK CONTROL A	AND MANAGEME	NT		0.55 (15.78/4) (15.78/4)	on of Action aken	Addressed Risk Issue
FMD-03	Book up Statement of Account (SOA)	All year round	Internal	Unsettled account; Delinquent account	Accumulation of Receivables Account in the book of accounts; No action on demand letters	Issue demand letter (1st, 2nd and Final) to delinquent customers for outstanding accounts beyond 45 days; Regular monitoring; Suspension from further availing of services until settlement of overdue accounts; Request for Write-off for bad accounts	1	1	1	L	Strictly follow the set of guidelines of non-issuance of result until services rendered is fully paid; Intensify the monitoring of receivable accounts	Accounting Section ADMATEL				Closed	No credit policy

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				IDENTIF	RISK AND OP ICATION ANI	) EVALUA	TION						Assessment I Probability: 3 (High, ≥0.		Risk Acceptability Rating Indicators:  Corrective Action Plan plus Monitoring and Measurement is required			
Date of Assess		epared/Assess	ed by:	Revie	wed by:		Approve	ed k	by:			Next Date of Assessm ent:	2 (Medium, occurrence) 1 (Low, (0.1 occurrence)	≥0.4 to < 0.8 to < 0.4	MH Monitoring and Measurement is required		t is	
Ju 6 20	23 DR	. MARISSA A. risional Docum	nent Custodi	MA.	Mahwawa DOLOR L. VILLA RMG Head		DR. MA		OIC-I	MSD	GLICAWAN	July 6, 2024	Severity: 3 (High, ≥0. 2 (Medium, Moderate)	8 to 1.0 Major) ≥0.4 to < 0.8  to < 0.4 Minor)	High	No Action is requested: L = Low (1-3) (4-6), VH = Very Hig	, MH = Ma ih (7-9)	
No	Process		Risk	Potential	Impact	Curren	•	P		lisk	Risk	Recommen	Responsi	Implement	Plan of	OPPORTU Actual		Opportu
	Activity		Origin/ Intereste d Parties	Risk / Issue	mpast	Contro		r o b a b I I	e Prive Nu		Acceptabilit y Rating (RAR)	ded Additional Control	ble	ation Date	Action Taken	Implementati on Date	(Open / Closed/ Hold)	nities
			Internal / External				P	У	S	P*S	L/MH/VH		CONTROL IANAGEMEN			Verification o		Address ed Risk /
RM- R&D- MSD- 01	Implemen tion of approved R&D (GAA & GIA) projects	round	Internal: PMISD, Procure ment, BAC	If the events identified below will happen, then there is a risk that targeted mileston es will not be delivered	Project objective(s) not met													

bidding of equipme nt, supplies and material s,  Create team to monitor status of procure availab of supplies availab of create team to monitor status of procure nt and delivery	re of ory als es ole a o or of reme		
vinexpected  ted equipme ent oreakdo wn  Prepara n Purchas Reques spare parts (w right specific ons, warrant inclusio of	ition itive inan inent atio ise ist of with cati		

		calibration and preventive maintenan ce, timeline of delivery) Budget allotment for repair and maintenan ce							
MS Sec Hea and Chi	ction availabil ads ity due d to	Implement ation of alternative work arrangeme nt (AWA)     Follow up succession plan/conduct coaching and mentoring (in-house training)	1	1	1				
round Che	emica indicate o d n entor expiratio c eam n date of u	Possible use of expired harmonize d ITDI chemical inventory format and monthly updating of inventory	1	3	3				

		All year round	Internal: PMISD	terminal report is not submitte d within agreed time frame, then there is a risk that one of the function al objectives will not be met resultin g in low rating in the overall perform ance of the division.	Low rating in the overall performance of the division	Strict monitoring of activities according to the work plan, posting on bulletin board and sending of email for the reminder of submissio n of terminal report.	1	3	3				
RM- Opr- MSD- 02	Provision of technical services	All year round	External: Academ e, Industry, LGU Private Individu als Internal: R&D Division s	If the event of unexpect ed equipme nt malfuncti on or breakdo wn, there is a risk that targeted due date will not be met and delivery of results	Delay in the delivery of results	• Regular calibration and Preventive Maintenan ce of equipment Change of schedule / due date (communic ate with client thru email, phone)	1	3	3				

RM-Rab-Outcome: Oxforial Oxfor					will be delayed.									
	R&D- MSD-	Major Final Outcome:  • Applicati on for IP Protectio n • Papers published in peer reviewed journals or conferen ce /proceedi ngs presente d in local/inter national conferen	All year round	MSD Section Heads and Chief, Project Doers	event of limited budget, the risk or failure to file for IP protection and papers published as target milestone will result to low rating of the overall divisional performa	the overall divisional	n of patent draft to TSD and technical paper to Publicatio n	1	1	1				

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### Assessment Rating Guide: Risk Acceptability Rating Indicators: RISK AND OPPORTUNITIES Probability: Corrective Action Plan plus Monitoring and Measurement is 3 (High, ≥0.8 to 1.0 occurrence) **IDENTIFICATION AND EVALUATION SHEET** 2 (Medium, ≥0.4 to < 0.8 occurrence) 1 (Low, (0.1 to < 0.4 occurrence) PACKAGING TECHNOLOGY DIVISION M Monitoring and Measurement is required Severity: 3 (High, ≥0.8 to 1.0 Major) 2 (Medium, ≥0.4 to <0.8 Moderate) No Action is required Next Date of Date of Assessment: Prepared/Assessed by: Reviewed by: Approved by: 1 (Low, (0.1 to < 0.4 Minor) Assessment: Legend: L = Low (1-3), MH = Medium High (4-6), VH = Very High (7-9) **July 2023** Bons July 2024 mahuelace Division Chief RMG Head **Divisional Document Custodian** RISK REDUCTION AND IDENTIFICATION OF OPPORTUNITES RISK TREATMENT RISK / ISSUE IDENTIFICATION AND EVALUATION **RISK ASSESSMENT** Status Opportunities Responsible Implementation Plan of Action Actual No. Process/ Requirement/ Risk Potential Risk / Impact Current Risk Risk Recommended (Open/Closed/ Acceptability Taken Implementatio Activity Expectation Origin/ Issue Control Priority Additional Hold) Interested Number Rating (RAR) Control n Date Parties (RPN) Addressed RISK CONTROL AND MANAGEMENT Verification of Action Taken Internal / S P"S L/MH/VH Risk / Issue External RM-RD-R & D-Implementation All year DOST Uncertainties in the Unmet targets. Conduct of Approved R round **Project** outcome of milestone/s extensive & D Projects staff research/test literature (GAA & GIA results research PTDassisted) External/ Unforseen events Internal in the conduct of Consult a research knowledge provider Provision of technical services Change of milestone Catch-up plan Delay in the Strategic -do-All year Project Unmet targets, RDround staff purchase, delivery milestonels planning and OpR-BAC of equipment, project PTDmaterials & management Procurem 01 supplies due to ent procurement Discussion/con section sultation with issues BAC Internal/ External Regular monitoring of

PRs and other

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				1-00		documents					T	T		
						Search for possible suppliers								
RM- RD- OpR- PTD- 02	-do-	All year round	Project staff Supplier of equipmen	Delay in operation and conduct of experiment or tests due to unexpected equipment breakdown	Unmet targets, milestone/s	Regular Preventive maintenance, and calibration Activities	1	2	2	L				
			Internal/ external			Source out equipment from other division or testing lab								
						Outsource test from other laboratories								
					_	Ensure availability of supply of spare parts with the right specifications								
					1 - 1	Ensure after- sales service of suppliers								
						Change of proj. milestone								
RM- RD- OpR- PTD- 03	-do-	All year round	Project staff Internal/ external	Delay in operation and conduct of experiment or tests due to uncalibrated equipment	Unmet targets, milestone/s	Regular preventive maintenance & calibration activities	1	2	2	L				
						Non-usage of uncalibrated unit with								

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proper label proper label
Preparation of PR, pre- inspection reports and other documents

RM- RD- OpR - PTD -04	-do-	Ail year round	Internal/ external	Unavailability of manpower to carry-out R & D activities and technical services due to unexpected leave of absence due to covid, study leave, resignation and other related issues.	Unmet targets and milestones	Establish succession plan and knowledge management system within the division  Documented information such as procedure manual and work instructions	1	1	1	L				
RM- RD- OpR - PTD -05	Submission of terminal report	Two months after the project completion	Internal/ external Project leader and project team	Non-submission of terminal report within the approved timeframe due to issues like incomplete analysis of data, delay in test results, etc.	Unmet targets and milestones	Terminal report monitoring  Request for extension on the submission of terminal report		1	1	L				
RM- RD-	Undertaking of approved	Based on agreed	Internal/ external	Unavailability of manpower to	Unmet targets and milestones	Prompt & early scheduling of	1	1	1	L				

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OpR - PTD -06	schedule	Technol ogy lead person and team	carry-out technology transfer  Unavailability of technology adoptor's facilities,	techno- transfer activities Fast tract completion of tech. transfer documents i.e. TLA, FOB approval, etc.  Orientation & convene			
			equipment, etc. for the conduct of technology transfer	regular meetings between the tech. provider and adoptor to discuss complete specifications of materials, equipment etc. needed in the tech. transfer activities.			

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			1	DENTI	risk ani Fication					1331		Assessment Rati Probability: 3 (High, ≥0.8 to 2 (Medium, ≥0.4		Risk Acceptability Rating Indicators:  Corrective Action Plan plus Monitoring and Measurement is required  Monitoring and Measurement is required			
Date	of Assessment:	Prepared/Asse	essed by:		Reviewed by:		Ар	prove	ed by:	) - 1	Next Date of Assessment:	Severity: 3 (High, ≥0.8 to		M			
July :	3, 2023	Divisional Document Custodian RMG Head  RISK / ISSUE IDENTIFICATION AND EVALUATION				act of the same of		Jan 4, 2			Jan 4, 2024		to < 0.8 Moderate)		No Action is required	Legend: L = Low, MH = N	ledium High, VH = Very High
	RISK / ISSUE IDENTIFICATION AND EVALUATION							F	RISK ASSES	SMENT		RISKTREATMEN	NT .		RISK REDUCTION	AND IDENTIFICA	TION OF
No.	Process/ Activity	Requirement/ Expectation	Risk Origin/ Interested Parties	Potentia Risk / Issue	il Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/VH	RISK CON	TROL AND MAN	IAGEMENT		Verification of	Action Taken	Addressed Risk / Issue
OPR- RM- TSD- BDS- 01	FO#5: Techno-economic studies (market/industry profile, FS/BOP and techno-packages) of identified mature/commerciable technologies within the prescribed period.	Information and data about the technologies submitted by the technology generators.  Prepare and update technoeconomic profiles of priority technologies based on available data/information from technology generators.	Internal/ External	Unavailabil of data from R&D divisions the will affect accuracy of technoeconomic studies.	on the accuracy of results of the techno-	Assumptions/ projections being incorporated in the financial analysis. Gathering of marketing info to supplement the available data.	1	1	1						Since		Designed forms for data gathering from R&D divisions

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				IDENTI		D OPPORTU N AND EVAL				e <b>T</b>				VII	cceptability Rating Corrective Action Plan plus	s Monitoring and Mea	surement is required
Date of	of ssment:		Ap	prove	d by:		Next Date of Assessment:	Severity: 3 (High, ≥0.8 to	,		Monitoring and Measuren  No Action is required	nent is required					
July 3									OIC, CI	) nief	Jan 4, 2024	2 (Medium, ≥0.4 1 (Low, (0.1 to <	to < 0.8 Moderate) 0.4 Minor)			Legend: L=Low, MH= N	edium High, VH = Very High
	RISK / ISSUE IDENTIFICATION AND EVALUATION  Process/ Requirement/ Risk Potential Impact Curre Activity Expectation Origin/ Risk /							R	RISK ASSES	SSMENT		RISK TREATME	TV		RISK REDUCTION	AND IDENTIFIC	ATION OF
No.				The state of the s	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/ Closed/ Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/VH	RISK CON	TROL AND MAN	AGEMENT		Verification of		Addressed Risk / Issue
OPR- RM- TSD- BDS- 02	Techno- economic studies (market/indus try profile, FS/BOP and techno- packages) of identified mature/ commerciabl e technologies within the prescribed period.	Adequacy of a well-defined system in reviewing ITDI technologies/IPs ready for transfer.	Internal /External	Insufficient info/data will compromise the effective review to identify and prioritize technologies for transfer and commercializ ation.	Loss of ownership and income/bene fit due to lapses in the review process for technologies for possible transfer and commercializ ation.	Developed strategies and tools to capture pertinent information to include criteria for technology review and assessment	1	2	2						Clos	ed	Monitoring for effectiveness

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			1		risk ani Ication					1337			•	7/11 0	cceptability Rating Corrective Action Plan plus Monitoring and Measurer	Monitoring and Measur	ement is required
Date o	of Assessment:	Prepared/Asse	essed by:	Revi	ewed by:		App	prove	d by:		Next Date of Assessment:	Severity: 3 (High, ≥0.8 to 2 (Medium, ≥0.4	1.0 Major) to < 0.8 Moderate)	1.	No Action is required		
July 3	, 2023	ad .		<del></del>	OIC, Ch	en iet	Jan 4, 2024	1 (Low, (0.1 to <				Legend: L=Low, MH = Mediu	n Hgh, VH = Very High				
	R	RISK / ISSUE IDENTIFICATION AND EVALUATION  Process/ Requirement/ Risk Potential Impact							ISK ASSES	SMENT	F	RISK TREATMEN	T		RISK REDUCTION	AND IDENTIFICATION	TION OF
No.	Process/ Activity	Process/ Requirement/ Corigin/ Interested Parties Internal / External							Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)	Opportunities
		Interested Issue Parties Internal / External							P*S	L/MH/VH	RISK CON	TROL AND MAN	AGEMENT		Verification of	Action Taken	Addressed Risk / Issue
DPR- MM- SD- IDS- 3	FO#3: Implement approved requests for technical assistance/techno transfer in the regions based on schedule/duration within the year with a VS rating	100% requests from clients implemented	Internal/ External	Unmet requirements of client due to readiness level of the requested technologies.	Unsuccessful transfer of technologies.	Validation of technologies vis-a-vis clients requirements prior to negotiation.	1	2	2						Since		Developed Evaluation Criteria, i.e. (Stop/Modify; Plan, Test and Validate; Go/Launch)

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#### Assessment Rating Guide: Risk Acceptability Rating Indicators: **RISK AND OPPORTUNITIES** Probability: 3 (High, ≥0.8 to 1.0 occurrence) Corrective Action Plan plus Monitoring and Measurement is required **IDENTIFICATION AND EVALUATION SHEET** 2 (Medium, ≥0.4 to < 0.8 occurrence) 1 (Low. (0.1 to < 0.4 occurrence) Monitoing and Measurement is required M Severity: Date of Assessment: Prepared/Assessed by: Reviewed by: Approved by: **Next Date of** 3 (High, ≥0.8 to 1.0 Major) No Acton is required Assessment: 2 (Medium, ≥0.4 to < 0.8 Moderate) 1 (Low. (0.1 to < 0.4 Minor) Legend: L = Low, MH = Medium High, VH = Very High Divisional Document Custodian mohuelauge when July 3, 2023 Jan 4, 2024 OIC, Chief **RISK / ISSUE IDENTIFICATION AND EVALUATION** RISK ASSESSMENT **RISK TREATMENT** RISK REDUCTION AND IDENTIFICATION OF OPPORTUNITES No. Process/ Require Risk Potential Risk / Impact Current Risk Risk Recommended Responsible Implementation Plan Actual Status **Opportunities** Activity ment/ Origin/ Issue Control **Priority** Acceptability Additional of Date Implementation (Open/Closed/ Severity interested Expectati Proba Number Rating (RAR) Control Action Date Hold) on Parties (RPN) Taken Internal / P P\*S L/MH/VH S **RISK CONTROL AND MANAGEMENT** Verification of Action Taken Addressed Risk / External issue OPR-FO#7: Efficient Internal/ Unavailability of Stricter Compromi 1 Transfer of risk to the client. RM-Engineer-ing delivery of External training monitoring/ Open (On-going) Client shall provide a waiver pertaining to lack of training Online meeting with TSDsupport to services in efficiency checking of requirements (raw requirements that will compromise effectiveness of training. the requesting party ESStechnology support of materials and in the availability of for inspection of transfer, R&D. technosupplies) despite required conduct of equipment and technical transfer. close coordination training materials needed materials to R&D, and services. with the due to prior to ensure readiness technical maintenance requesting party. time and deployment and availability, e.g. and repair of services material of staff. for bioreactor, dual within the physical constraint. drum composter. facilities/ prescribed time with a buildings. VS rating. Delivery of Internal Lack of Delays in Resort to Transfer Open (On-going) support manpower outsourcing For outsourcing of services not within the capability of ESS. services in delivery of capability to of possible relation to perform the suppliers TSD Coordination with Building Coordinators. repair and appropriate with needed services maintenan action. funds. thus, ce of - Infra

hamper

implement

maintenan

activities.

ation of

- SDO

Unavailability of

equipment, etc.)

to perform the

appropriate

action.

necessary

resources

(supplies/

materials.

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building

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Issue Date: June 2021

### **RISK AND OPPORTUNITIES IDENTIFICATION AND EVALUATION SHEET**

Assessment Rating Guide: Probability:

3 (High, ≥0.8 to 1.0 occurrence) 2 (Medium, ≥0.4 to < 0.8 occurrence)

1 (Low, (0.1 to < 0.4 occurrence)

Corrective Action Plan plus Monitoring and Measurement is required

Monitoring and Measurement is required

Risk Acceptability Rating Indicators:

Date of	of ssment:	Prepared/Asse	ssed by:		Reviewed by:		App	prove	d by:		Next Date of Assessment:	Severity: 3 (High, ≥0.8 to 2 (Medium, ≥0.4	1.0 Major) to < 0.8 Moderate)		No Action is required		
July 3	, 2023	Divisional Do	ocument Cust	odian	ma Pre RMG	<b>Llave</b> Head			OIC, Ch		Jan 4, 2024	1 (Low, (0.1 to <	0.4 Minor)			Legend: L = Low, MH = N	fedium High, VH ≃ Very High
		RISK / ISSUE I	DENTIFICATI	ON AND EV				R	ISK ASSES	SMENT		RISK TREATMEN	T		RISK REDUCTION OPP	AND IDENTIFICA	TION OF
No.	Process/ Activity	Requirement/ Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/VH	RISK CON	TROL AND MAN	IAGEMENT		Verification of	Action Taken	Addressed Risk / Issue
OPR- RM- TSD- IDS- 05	FO#4: Provide relevant information to customers and	100% relevant information provided to customers and stakeholders both internally	Internal/ External	Limited fund allocation for the production or print materials	quality and quantity of	Provision of digital copy of IEC materials to customers	1	1	1	<b>1</b>	Mitigate				Clos With fund		
Ø.	stakeholders both internally and externally in all forms (print and non-print, media/press conference, exhibits, techno fora) at the right time.	and externally	Internal	Constraint in the identification of relevant stakeholders participants for a specific technology fora.	Unmet required number of relevant participants/ stakeholders for technofora will result to low probability of technology matching/ adoption.	Updating of list/database of stakeholders; networking with other agencies/ institutions for relevant stakeholders; enhance marketing and promotion of technologies thru multi/social media.	1	2	2	L	Mitigate				Clos	sed	

Document Code: RM-ITDI-F2

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				IDENT	RISK AND IFICATION	OPPORTUI				ET		Assessment Rating Probability: 3 (High, ≥0.8 to 1 2 (Medium, ≥0.4 1 (Low, (0.1 to < 0	.0 occurrence) to < 0.8 occurrence)	Risk Ac	Corrective Action Plan  Monitoring and Measu	n plus Monitoring and Mo	easurement is required
Date of Asses	y 3, 2023  Divisional Document Custodian				ewed by:		Ap	prov	ed by:		Next Date of Assessment:	Severity: 3 (High, ≥0.8 to 1.	.0 Major)		No Action is required	aromone to roquitor	
July 3	, 2023	Divisional Do	cument Custod		RMG He	righer ad			OIC, C	bief	Jan 4, 2024	2 (Medium, ≥0.4 1 (Low, (0.1 to < 0				Legend: L = Low	r, MH = Medium High, <b>VH</b> = Very Hij
	7	RISK / ISS	UE IDENTIFICA	ATION AND E	EVALUATION			F	RISK ASSE	SSMENT		RISK TREATMEN		RISKI	REDUCTION AND I	DENTIFICATION	OF OPPORTUNITES
No.	Process/ Activity	Requirement / Expectation	Risk Origin/ Intereste d Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity		Risk Acceptabilit y Rating (RAR)	Recommende d Additional Control	Responsible	Implementati on Date	Plan of Actio n	Actual Implementatio n Date	Status (Open/Closed / Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/VH	RISK CON	ITROL AND MANA	AGEMENT	Taken	Verification of	Action Taken	Addressed Risk /
OPR- RM- TSD- IDS- 06	Availability of resources for easy retrieval of information	Enhancing and sustaining the ITDI in-house collection and knowledge products	external	Drawbacks on storing and safekeeping of in-house collections that resulted to decentralize d library holdings due to the closure of the physical library.	Decentralized library holdings can no longer provide quality library service to external and internal customers in terms of quick and easy access to needed data/information for research works, and failure to protect the ITDI in-house collection and knowledge products.	Digitization of library holdings of ITDI in-house collections  Referral to STII Library  Currently working on KM Platform project that aims to revitalize then memorabilia including a Special STI library to retain and sustain all internal knowledge holdings/resource s.	2	2	4	МН	and Re STI (So Culture A Spec provide three c Building Special instituti  Status as of Dec 20	e funding for Project Fenovation of DOST-IT cience, Technology, a pand Arts (DOST-ITI cial STI Library/R&D Add in the KM Platform omponents) g up of database to foll Library/R&D Archive onalizing KM	DI KM Platform for and Innovation) DI KM STICA) Archives is (as one of its orm part of the e towards		Op (On-g		Rehabilitation of former memorabilia/library

Issue Date: June 2021

			1			ND OPPOR N AND EV				1954		1 (Low, (0.1 to <		Risk Ac	ceptability Rating I Corrective Action Plan p Monitoring and Measure	olus Monitoring and Meas	surement is required
Date Asse	of ssment:	Prepared/Asse	ssed by:	Re	viewed by:		Apı	orove	d by:		Next Date of Assessment:		to < 0.8 Moderate)	i,	No Action is required		
July 3	3, 2023	Divisional Doc		dian	MARME				OIC, Ch	ler .	Jan 4, 2024	1 (Low, (0.1 to <				Legend: L = Low, MH	l≃ Medium High, <b>VH</b> ≃ Very High
		RISK / ISSUE IDENTIFICATION AND EVALUATION  Process/ Requirement/ Risk Potential Impact						R	ISK ASSES	SMENT	F	ISK TREATMEN	T T	RISK R	EDUCTION AND ID	ENTIFICATION OF	POPPORTUNITES
No.	Process/ Activity	Requirement/ Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/VH		TROL AND MAN	IAGEMENT		Verification of	Action Taken	Addressed Risk / Issue
OPR- RM- TSD- IDS- 07	FO#6: Implementation of project, TekNegoShow	Develop/produce videos for various technologies - online program which will air narratives and insights of technology generators, business people, and the consuming public on how they perceive a featured technology.	Internal/ External	Scheduling of experts for shooting, and limited resources	Delay in the production of videos/ material, thus will affect attainment of targets based on timeline/ workplan.	Close coordination with concerned experts for scheduling of shooting and interviews; and with FMD and Projects Leaders from GIA projects for additional budget.	1	1	1		Mitigate Ads on Siyensikat						Institutionalization of TekNegoShow as a means of technology promotion.  Monitoring for effectiveness

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1		i		IDEN		ND OPPORT ON AND EVA				O DY		2 (Medium, ≥0.4 1 (Low, (0.1 to <	ng Guide: 1.0 occurrence) 1.0 < 0.8 occurrence) 0.4 occurrence)	Risk Ad	Corrective Action Plan Monitoring and Measu	plus Monitoring and Me	asurement is required
Date of Assess		Prepared/Asse	essed by:	F	Reviewed by:		Ар	prove	d by:		Next Date of Assessment:		to < 0.8 Moderate)		No Action is required		
July 3,	2023	Divisional Boo	llov ument Custo	dian	make	Waxer Head			OIC, CH	ref	Jan 4, 2024	1 (Low, (0.1 to <	0.4 Minor)			Legend: L = Low, NH =	Medium High, VH = Very High
		RISK / ISSUE	IDENTIFICAT	ION AND E	EVALUATION			R	ISK ASSES	SMENT	l l	RISK TREATMEN	T		RISK REDUCTION OPP	AND IDENTIFICA	TION OF
No.	Process/ Activity	Requirement/ Expectation	Risk Origin/ Interested Parties	Potentia Risk / Issue		Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/VH	RISK CON	TROL AND MAN	IAGEMENT		Verification of	Action Taken	Addressed Risk / Issue
OPR- RM- TSD- RCTS- 08	FO#1: Design and develop one new and acceptable training program within the year.	One new and acceptable training program	Internal/ External	Lack of innovative technology based training offerings that will match industry needs.		Inventory of technologies applicable for industry training.  Sending memo and conduct of divisional meetings with R&D and S&T for new training courses to be offered to industries.	1	3	3						Clos	sed	

Issue Date: June 2021

			1			D OPPORT				1957		2 (Medium, ≥0.4	ng Guide: 1.0 occurrence) 1 to < 0.8 occurrence) 0.4 occurrence)	Risk Ac	Ceptability Rating I Corrective Action Plan p Monitoring and Measu	lus Monitoring and Mea	surement is
Date of	Assessment:	Prepared/Asse	essed by:	Rev	iewed by:		App	prove	d by:		Next Date of Assessment:	Severity: 3 (High, ≥0.8 to 2 (Medium, ≥0.4	1.0 Major) l to < 0.8 Moderate)	L	No Action is required		
July 3,		Divisional Document Custodian RMG Head OIC, CHief  RISK / ISSUE IDENTIFICATION AND EVALUATION RISK ASSESSMENT									Jan 4, 2024	1 (Low, (0.1 to <	0.4 Minor)			Legend: L = Low, NH = M	idium High, VH = Very High
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No.	Process/ Activity	Activity Expectation Origin/ Interested Parties Internal / External							Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)	Opportunities
Internal / P S P*S External									L/MH/VH	RISK CON	TROL AND MAN	AGEMENT		Verification of	Action Taken	Addressed Risk / Issue	
OPR- RM- TSD- RCTS- 09	FO#2: Implementation of training programs	100% of client request accommodated.	Internal/ External	Constraints to accommodate/implement requested trainings by clients due to unforeseen events and mismatch of schedule as required by client.	Causing delay in the delivery of training services based on requirement of clients.	Develop competencies of technical personnel as subject matter expert to a specific technology (understudy).  Close coordination with concerned experts/ trainers.		2	2	L Control of the cont	Mitigate  Current controls being	ng implemented			Clos	ed	

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	3		1			OPPORT				1 24 24 1		2 (Medium, ≥0.4	ng Guide:  1.0 occurrence)  1 to < 0.8 occurrence)  0.4 occurrence)	Risk Ad	Corrective Action Plan p	lus Monitoring and Meas	surement is required
Date of	f Assessment:	Prepared/Asse	essed by:	Rev	iewed by:		App	orove	d by:		Next Date of Assessment:	Severity: 3 (High, ≥0.8 to		M	No Action is required	enient is required	
July 3,	2023	Divisional Doc	<i>cllor</i> ument Custo	dian	na Paulloia RMG He	ead .			OIC, Ch	√ Nef	Jan 4, 2024		to < 0.8 Moderate)			Legend: L = Low, NH = M	edium High, VH = Very High
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No.	Process/ Activity  Requirement/ Expectation  Risk Origin/ Interested Parties Internal / External  FO #2:  Accommodate Internal/ Limitations to Compromised En						Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)	Opportunities
							P	S	P*S	L/MH/VH	RISK CON	TROL AND MAN	AGEMENT		Verification of	Action Taken	Addressed Risk / Issue
OPR- RM- TSD- RCTS- 10	FO #2: Implementation of training programs	Accommodate clients' requests for webinars/ online training given the stable internet connectivity of both parties.	Internal/ External	Limitations to accommodate requests particularly those that requires hands-on practice due to stability of internet connectivity particularly in laboratories, and from client's end.	Compromised the effectiveness of training program that may require demo and hands-on practice.	Ensure assigned trainers to have a stable internet connection either work from home or at the office.  Develop videos for hands-on activity.	1	2	2	L	Mitigate  Requested radius fr facilitators	om MIS for experts	/trainers and		Clos	eed	Development of demo videos

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Document Code: RM-ITDI-F2

Issue Date: June 2021

# **RISK AND OPPORTUNITIES IDENTIFICATION AND EVALUATION SHEET** Prepared/Assessed by: Date of Reviewed by: Approved by: Assessment: Syallow mohuelare July 3, 2023 John

Assessment	Rating	Guide:
Probability:		

- Probability:
  3 (High, ≥0.8 to 1.0 occurrence)
  2 (Medium, ≥0.4 to < 0.8 occurrence)
  1 (Low, (0.1 to < 0.4 occurrence)

**Next Date of** 

Assessment:

Jan 4, 2024

- Severity: 3 (High, ≥0.8 to 1.0 Major) 2 (Medium, ≥0.4 to < 0.8 Moderate) 1 (Low, (0.1 to < 0.4 Minor)

Risk Acceptability Rating Indicators:

Corrective Action Plan plus Monitoring and Measurement is required

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Monitoring and Measurement is required



No Action is required

Legend: L = Low, MH = Medium High, VH = Very High

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No.	Process / Activity	Requirement/ Expectation	Risk Origin/ Intereste d Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Numbe r (RPN)	Risk Acceptabilit y Rating (RAR)	Recommende d Additional Control	Responsible	Implementati on Date	Plan of Action Taken	Actual Implementati on Date	Status (Open/Closed Hold)	Opportunities
			Internal / External				Р	S	P*S	L/MH/VH	RISK CON	TROL AND MANA	AGEMENT		Verification of	Action Taken	Addressed Risk / Issue
OPR- RM- TSD- 11		Adequacy of a well-defined system in evaluating ITDI technologies/IP s ready for transfer.	Internal	If technology audit process and assessment criteria for technology readiness/ maturity after R&D is not yet well defined, then it will be difficult to identify/prioritiz e technologies for transfer.	Unclear or under- developed assessment process/mechanis m to identify potential IPs and appropriate mode of protection could lead to loss of income/benefit due to unprotected IPs.	Developed assessment criteria for technology readiness/maturity is being implemented to prioritize technologies for transfer.	1	1	1		Developed TRA pro	otocol			Clo	sed	

				IDEI	RISK AND NTIFICATION A					e <b>T</b>		2 (Medium, ≥0.	1.0 occurrence) 4 to < 0.8 occurrence) < 0.4 occurrence)	Risk Ad	Corrective Action Plan Measurement  Monitoring and Measu	plus Monitoring and	
Date of	of ssment:	Prepared/Asse	essed by:		Reviewed by:		Apı	prove	d by:		Next Date of Assessment:	Severity: 3 (High, ≥0.8 to 2 (Medium, ≥0.4	1.0 Major) 4 to < 0.8 Moderate)	1.	No Action is required		
July 3	3, 2023	Divisional Do	clo	odian	Mahuelo RMG Hea	aver-			OIC, Ch		Jan 4, 2024	1 (Low, (0.1 to				Legend: L=Low, MH = Me	edium High, VH = Very High
		RISK / ISSUE IDENTIFICATION AND EVALUATION  cess/ Requirement/ Risk Potential Impact Convinty Expectation Origin/ Risk / Convintion						R	ISK ASSES			RISK TREATME	T		RISK REDUCTION	AND IDENTIFICAT	TION OF
No.	Process/ Activity		Requirement/ Risk Potential Impact Cu Co Co Interested Parties Internal / External						Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)	Opportunities
		Parties Internal / External Up-to-date Internal If strict Unclear or under- Stringen					Р	S	P*S	L/MH/VH	RISK CON	TROL AND MAI	AGEMENT		Verification of	Action Taken	Addressed Risk / Issue
OPR- RM- TSD- 12	Monitoring of Technology Transfer agreements and Technical Assistance with MOA	Up-to-date Technology transfer and Technology assistance activities	Internal	If strict monitoring the activiti as stipulat in the TLA/MOA will not be implement the output will be delayed	g of developed monitoring process/mechanism can lead to loss of clients and income	Stringent implementation of monitoring activities/criteria/ measures of BDS	1	3	3	L.	To start monthly mo agreements and tec present clients with Responsible: BDS Implementation: 202	thnical services agr on-going TLA/MOA	reements with		Clos	sed	

Issue Date: June 2021

				IDEN	RISK AN TIFICATIO	ID OPPORT N AND EVA				3 FG K		2 (Medium, ≥0.4	ng Guide:  1.0 occurrence)  t to < 0.8 occurrence)  c 0.4 occurrence)	Risk Ad	Corrective Action Plan p Monitoring and Measu	lus Monitoring and Mea	surement is required
Date o	f sment:	Prepared/Asse	essed by:		Reviewed by:		Ap	prove	d by:		Next Date of Assessment:	Severity: 3 (High, ≥0.8 to 2 (Medium, ≥0.4	to < 0.8 Moderate)	II.	No Action is required		
July 3,	2023	Divisional Dec			RMG	ne Pruller			OIC, Ch	√) Hef	Jan 4, 2024	1 (Low, (0.1 to <	0.4 Minor)			Legend: L = Low, MH =	Medium High, VH = Very High
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No.			Requirement/ Risk Potential Impact Cu Expectation Origin/ Risk / Go Interested Parties Internal / External					Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)	Opportunities
		Parties Internal / External  Received at External Reluctance Compromised Send su					P	S	P*S	L/MH/VH	RISK CON	TROL AND MAN	IAGEMENT		Verification of	Action Taken	Addressed Risk / Issue
OPR- RM- TSD- RCTS- 13	Post Training Monitoring	Received at least 30% response rate from online survey questionnaire sent to the participants.	External	Reluctance of the targer responder to answer the survey	the target response rate, and lack	Send survey questionnaire to participants from regular and customized trainings.  Undertake follow-up from the target respondents.	2	2	4	МН	Mitigate						

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	DEPARTMENT OF SCIENCE AND TECHNOLOGY INDUSTRIAL TECHNOLOGY DEVELOPMENT INSTITUTE	DOCUMENT CODE	PM-ITDI 06-01
(C)	DDOCEDIDEO MANUAL	REVISION NUMBER	0
	PROCEDURES MANUAL		1 of 12
SECTION	RISKS AND OPPRTUNITIES	EFFECTIVITY DATE	30 June 2021
		DOCUMENT TYPE	PAPER / PDF FILE
SUBJECT	RISK MANAGEMENT		

#### 1.0 Objective:

To ensure that risks and opportunities are determined and actions to be taken are implemented to achieve the intended results.

#### 2.0 Scope:

This procedure covers all activities from identification of risks and opportunities, analysis and evaluation, determination of action to be taken up to the review and monitoring of the effectiveness of actions.

#### 3.0 Definition of Terms:

**Risk** – is a threat that will adversely affect the institute from meeting its business objectives, achieve its goals / targets and successfully executing its strategies.

Issue - a risk, which has already occurred.

Note: Risks are futuristic and anticipated, while Issues are risks, problems and nonconformities that already occurred.

**Opportunity** – positive risk that can be taken at maximum advantage.

**Uncertainty** – a state, even partial, of deficiency of information related to, understanding of knowledge of, an event, its consequence, or likelihood.

**Risk Control** – includes decision making to reduce and/or accept risks. The purpose of risl control is to reduce the risk to an acceptable level. The amount of effort used for risk control should be proportional to the significance of the risk.

**Risk Reduction** – focuses on processes for mitigation or avoidance of quality risk when it exceeds a specified (acceptable) level.

**Risk Management** – process of identifying, assessing and implementing measures to minimize risks to the Institute's property, interests and employees that may cause inefficiencies in performing their functions and achieving goals / objectives / targets.

**Risk Management Group (RMG)** - shall be responsible for the development and oversight of the institute's risk assessment activities. The RMG reconstitute per Special Order. The group shall oversee the system of limits to discretionary authority that the Director delegates to the process owners and senior staff to ensure that the system remains effective, that the limits are observed and immediate corrective actions are taken whenever limits are breached or violated.

Risk Review Committee (RRC) – shall be responsible for the review divisional risk management register; recommends changes as needed; monitors and evaluates the effectiveness of the

Prepared by:

Approved by:

CHAIRPERSON, RISK MANAGEMENT
GROUP

Approved by:

DIRECTOR

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SECTION	RISKS AND OPPRTUNITIES	EFFECTIVITY DATE	30 June 2021
		DOCUMENT TYPE	PAPER / PDF FILE
SUBJECT	RISK MANAGEMENT		

proposed plan of action; and work with Risk Management Group (RMG) in ensuring that the risks are properly considered and addressed.

**Risk Treatment** – involves selecting one or more options for modifying risks, and implementing those options as to:

- > Tolerate / Accept risk is tolerated / accepted due to inability to do anything with risk.
- > Treat / Mitigate risk is treated / mitigated using controls such as actions, policies, procedures, technology to render risk to an acceptable level.
- > **Transfer –** risk is transferred by engaging third party to carry the risk to reduce the exposure (e.i. insurance, subcontracting, outsourcing).
- > **Terminate -** risk is terminated by dropping the activity.

#### **RISK CATEGORIES:**

**Research and Development (R&D) Risk** – uncertainties in terms of outcome of research results, availability of resources, and other unforeseen events in the conduct of research.

**Technology Risk (TR)** – uncertainties in terms of technology readiness for transfer and adoption commercialization due to lack or absence of proof of concept, market survey/validation study and results of clinical, field and other pertinent tests.

**Market Risk (MR)** – risk of financial loss or earnings of the institute brought about by uncertainties in terms of market opportunities/viability of technologies/IPs generated and competitiveness of the services offered by the institute;

**Compliance Risk (CR)** – arises from violations or non-conformance with pertinent laws, rules, regulations, guidelines, prescribed practices, internal/external policies and procedures, or ethical standards.

**Legal Risk (LR)** – risk due to uncertainties in legal actions on the applicability or interpretation of contracts/agreements.

**Organizational Risk (OR)** – arises from inadequate skills of personnel, lack of clear definition of responsibilities and accountabilities of divisional units/committees and personnel.

**Operational Risk (OpR)** – risk associated with execution, delivery, & process management that may cause delay or failure to deliver technology (products/services) and other transactions according to mutually agreed terms and conditions and existing statutory and regulatory requirements.

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Approved by:

CHAIRPERSON, RISK MANAGEMENT
GROUP

Approved by:

DIRECTOR

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SUBJECT	RISK MANAGEMENT		

**Physical Risks (PR)** – risks connected to the physical assets such as premises, equipment, furniture and fixtures. These also include the risks involved in keeping and/or storing of documents, knowledge holding, accountable forms, including the risks involved in the Information Technology (IT) such as viruses, database crashes, etc.

**Socio-Political Risks (SPR)** – uncertainties in terms of sustainability/continuity of projects/activities due to change in authorities and priorities.

#### 4.0 External and Internal Contexts:

External Context - The external context in which the risk assessment will take place:

- **A. Regulatory Environment** compliance with the government policies, rules, and regulations, as to the:
  - > Environmental Law
  - Techno Transfer Law
  - Occupational Safety and Health
- **B. Standard References** compliance with the standards in test, evaluation, and analysis, as to the:
  - Philippine National Standards
  - > ASTM
  - Internal Standards
  - ➢ AOAC
  - > JIS
  - ➤ EU
  - ➤ BAM
  - ➤ FDA

#### C. Business Environment

Funding Agency/Institute [General Appropriations Act (GAA)and Grant-in-Aids (GIA)] – generate research projects/proposal aligned to their mandate and strategic thrusts & programs.

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CHAIRPERSON, RISK MANAGEMENT GROUP	DIRECTOR

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SUBJECT	RISK MANAGEMENT		

- DOST and other Regional Offices assistance on enhancement and knowledge sharing related to their projects/programs adopted from the National Science and Technology Plan.
- President's Agenda/Program alignment of all R&D activities to the 10-point agenda which requires S&T intervention.
- Interested Parties various industries in the field of: biotechnology; chemical; energy; environment; food processing; material science; and packaging, academes and other government institutions in terms of S&T activities regarding compliance assistance and innovation; external providers; and stakeholders.

Internal Context - The process is managed and administered by:

- **A. PMISD** project proposal submitted to PMISD for comment and approval to the ITDI Technical Review Committee (TRC).
- **B.** Project Leader / Project Team / Staff prepares the pertinent documents related to the project proposal, conduct experiment, tests, discussion and evaluation of the project and prepares monthly, quarterly and terminal report.
- **C. TRC** refer to the group of technical expert from different divisions to make assessment and recommendation based on the results/output of the completed project for scale up, technical paper, prototype.
- **D. Director–** directs and stimulates all R&D activities towards the needs and expectations of identified interested parties.
- **E. Support Group –** facilitate and process the general administrative services to the Research and Development group.

Prepared by:

Approved by:

CHAIRPERSON, RISK MANAGEMENT
GROUP

DIRECTOR

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		DOCUMENT TYPE	PAPER / PDF FILE
SUBJECT	T RISK MANAGEMENT		

### 5.0 Risk Assessment Criteria and Matrix:

Probability	Numerical Rating	Descriptive Analysis
High	3	Greater than or equal to 80% probability of occurrence (≥0.8 – 1.0)
		Exhibits the high-risk indication(s), has happened frequently, has a very significant chance of happening in the future, or has already happened/occurred in 8-10 events in a year.
Medium	2	Greater than or equal to 40% but not more than 80% probability of occurrence (≥0.4 to<0.8)
		Has happened occasionally (4-7 events in a year) or has a reasonable but not entirely expected chances of happening in the future.
Low	1	Below 40% probability of occurrence (0.1 – <0.4)
		Has happened very occasionally (below 4 events in a year) or is expected not to happen except for rare occasion.

Severity	Numerical Rating	Descriptive Analysis
High	3	MAJOR (≥0.8 to 1.0)
		The issue will have a major impact on the system and is likely to cause significant disruption in delivery of service or outputs/outcomes in a very visible extent.
Medium	2	MODERATE
		(≥0.4 to <0.8)
		The issue will have some impact on systems and be visible to a number of users. A possible disruption in delivery of service or outputs/outcomes for some customers (internal and external) is expected.
Low	1	MINOR
		(0.1 – <0.4)
		Minimal service disruption or effects are expected. Any negative impact can be corrected without significant effort or visibility.

Prepared by:	Approved by:
CHAIRPERSON, RISK MANAGEMENT GROUP	DIRECTOR

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100	DDOCEDIDEO MANUAL	REVISION NUMBER	0
	PROCEDURES MANUAL	PAGE NUMBER	6 of 12
SECTION	RISKS AND OPPRTUNITIES	EFFECTIVITY DATE	30 June 2021
		DOCUMENT TYPE	PAPER / PDF FILE
SUBJECT	RISK MANAGEMENT		

### Other Criteria:

High	Medium	Low
Audit Impact	Audit Impact	Audit Impact
More than 10 AOM in a year	6 - 9 AOM in a year	1 - 5 AOM in a year
More than 10 personnel disallowed	5 - 9 personnel disallowed	1 -4 personnel disallowed
Environment	Environment	Environment
Adverse environmental impact with case filed against ITDI	Adverse environmental impact with written complaint from immediate premises	Adverse environmental impact with verbal reprimand from immediate premises
Financial	Financial	Financial
above ₱1,000,000.00	above ₱100,000.00 - ₱999,999.00	above ₱1.00 - ₱99,999.00
Above 30% reduction in the	21% - 30% reduction in the	5% - 20% reduction in the
proposed budget	proposed budget	proposed budget
People	People	People
Accident resulting in injury equivalent to > 40 man-hours.	Accident resulting in injury from 18 to 31 man-hours.	Accident resulting in injury from 1 to 17 man-hours.
Administrative penalty of more than 90 days of	Administrative penalty of less than 36 days but not	Administrative penalty of less than 2 days but not
suspension	more than 89 days of suspension	more than 35 days of suspension
more than 3 days after due date	2 days after due date	1 day after due date
Delays in office processes by more than 3 months	Delays office processes by more than 2 months	Delays office processes by more than 1 month
Non-compliance with requirements even after the Final Notice is served	Compliance with requirements upon receipt of the first and second notification letter	Compliance with requirements within the prescribed period

Duamana d huu	A manager of the co
Prepared by:	Approved by:
CHAIRPERSON, RISK MANAGEMENT	Aprioned
GROUP	DIRECTOR

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	PROCEDURES MANUAL	PAGE NUMBER	7 of 12
SECTION	RISKS AND OPPRTUNITIES	EFFECTIVITY DATE	30 June 2021
	KISKS AND OPPRIONITIES	DOCUMENT TYPE	PAPER / PDF FILE
SUBJECT	RISK MANAGEI	MENT	

Inefficiency and Incompetence in the performance of official duty(grave offense)	Refusal to perform official duty (first and second offense)	Simple neglect of duty
Property	Property	Property
Equipment totally destroyed.		. ,
Equipment damage more than P15,000	Equipment damage < P15,000, >P 5,000.	Equipment damage <p5,000,> P 100</p5,000,>
Equipment non-operational from 24 to 30 days	Equipment non-operational from 12 to 23 days	Equipment non- operational 1 to 11 days.
Service	Service	Service
Suspension of the operations of the entire ITD for 6 hours to 8 hours	Suspension of the operations of the entire ITD for 3 hours to 5 hours	Suspension of the operations of the entire ITD for 1 hour to 2 hours
Suspension of operations of at least three Divisions for one (1) day	Suspension of operations of at least three Divisions for 4 hours	
Information is provided from 48 to 60 minutes	Information is provided from 12 minutes to 47 minutes	Information is provided from 1 minute to 11 minutes
A major non-compliance finding resulting in the loss of ISO Certification.	A major non-compliance finding resulting in major system, process, or operational degradation	A minor non-compliance finding resulting in the issuance of management letter for corrective action within 3 days
All information and data lost	Major Data Loss, 50% above	Minor Data Loss, less than 50%
Loss of information integrity, reliability, and accuracy resulting to irrevocable damage to public	Loss of information integrity, reliability, and accuracy resulting to revocable damage to public	
Day to del Complia	D (	December 1981
Reportorial Compliance	Reportorial Compliance	Reportorial Compliance
more than 5 errors affecting the values/amounts presented in the report	4 - 5 errors affecting the values/amounts presented in the report	1 - 3 errors affecting the values/amounts     presented in the report

Prepared by:	Approved by:
METUrendo	Danner
CHAIRPERSON, RISK MANAGEMENT	/1/7
GROUP	DIRECTOR

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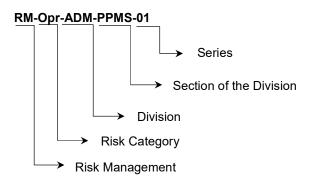
	DEPARTMENT OF SCIENCE AND TECHNOLOGY INDUSTRIAL TECHNOLOGY DEVELOPMENT INSTITUTE	DOCUMENT CODE	PM-ITDI 06-01								
	DDOCEDUDEO MANUAL	REVISION NUMBER	0								
	PROCEDURES MANUAL	PAGE NUMBER	8 of 12								
SECTION	RISKS AND OPPRTUNITIES	EFFECTIVITY DATE	30 June 2021								
	KISKS AND OPPRIONITIES	DOCUMENT TYPE	PAPER / PDF FILE								
SUBJECT	UBJECT RISK MANAGEMENT										

#### Risk Acceptability Rating (RAR) Table

		Low	Medium	High	
			1	2	3
ity	High	3	3	6	9
Probability	Medium 2		2	4	6
Prd	Low	1	1	2	3

Very High (9)	Corrective Action plan plus monitoring and measurement is required.
Medium High (4-6)	Monitoring and measurement is required
Low (1-3)	No actions required

#### 6.0 Risk Code Format:



Prepared by:

Approved by:

CHAIRPERSON, RISK MANAGEMENT
GROUP

Approved by:

DIRECTOR

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	PROCEDURES MANUAL	PAGE NUMBER	9 of 12								
SECTION	RISKS AND OPPRTUNITIES	EFFECTIVITY DATE	30 June 2021								
	RISKS AND OFFRIONITIES	DOCUMENT TYPE	PAPER / PDF FILE								
SUBJECT	SUBJECT RISK MANAGEMENT										

#### 7.0 Documented Information:

ISO 31000-2009 Risk Management – Principles and Guidelines Risk and Opportunities Identification and Evaluation Sheet (ROIES) Risk Management Register Risk Management Plan Plan of Action

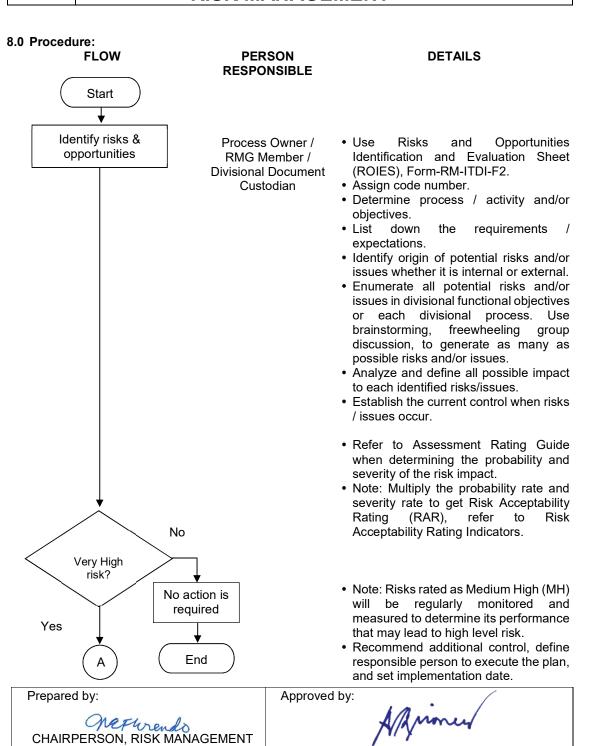
Prepared by:

CHAIRPERSON, RISK MANAGEMENT GROUP Approved by:

DIRECTOR

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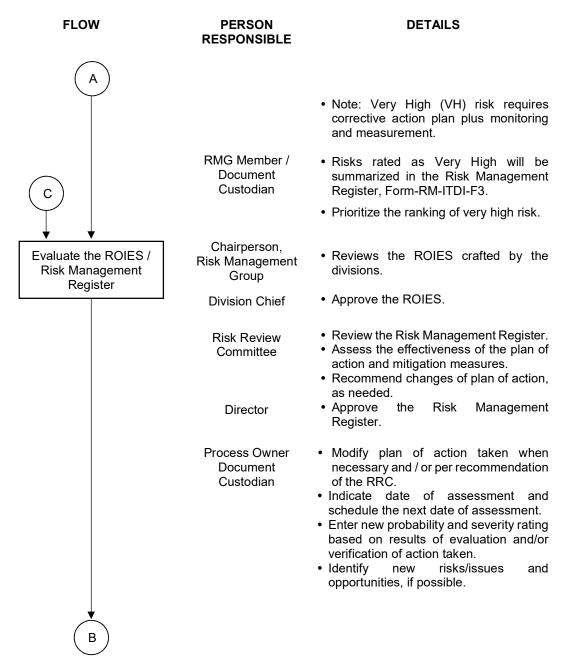
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	PROCEDURES MANUAL	PAGE NUMBER	10 of 12
SECTION	RISKS AND OPPRTUNITIES	EFFECTIVITY DATE	30 June 2021
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SECTION	RISKS AND OPPRTUNITIES	EFFECTIVITY DATE	30 June 2021
	KISKS AND OPPRIONITIES	DOCUMENT TYPE	PAPER / PDF FILE
SUBJECT	RISK MANAGEI	MENT	



Prepared by:

Approved by:

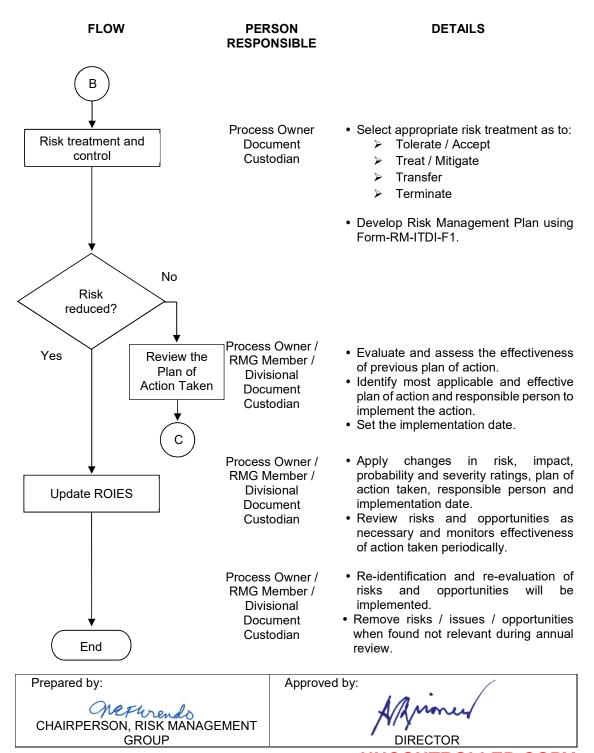
CHAIRPERSON, RISK MANAGEMENT
GROUP

Approved by:

DIRECTOR

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	DDOCEDUDEO MANUAL	REVISION NUMBER	0								
	PROCEDURES MANUAL	PAGE NUMBER	12 of 12								
SECTION	RISKS AND OPPRTUNITIES	EFFECTIVITY DATE	30 June 2021								
	KISKS AND OPPRIONITIES	DOCUMENT TYPE	PAPER / PDF FILE								
SUBJECT	RISK MANAGEMENT										



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### **RISK AND OPPORTUNITIES** IDENTIFICATION AND EVALUATION SHEET

## **ADMINISTRATIVE DIVISION**

Assessment Rating Guide:

- Probability:
  3 (High, ≥0.8 to 1.0 occurrence)
  2 (Medium, ≥0.4 to < 0.8 occurrence)
  1 (Low, (0.1 to < 0.4 occurrence)

- Severity: 3 (High, ≥0.8 to 1.0 Major) 2 (Medium, ≥0.4 to < 0.8 Moderate) 1 (Low, (0.1 to < 0.4 Minor)

Risk Acceptability Rating Indicators: Corrective Action Plan plus Honitoring and Mossurement isrequired Monitoring and Measurement is required

No Action is required

Legend: L = Low (1-3), MH = Medium High (4-6), VH = Very High (7-9)

														, ·	ii – very riigii	(1-5)	
Date of Assess		Prepared/As	0		Reviewed by	y:	App	roved i	by:		Next Date of Assessment:						
June 28, 2022		Ma · Kafherine E · Journano Ontinento Divisional Document Custodian RMG Head				Di	vision Chi	et/OIC	Jan. 2, 2023								
	RISK / ISSUE IDENTIFICATION AND EVALUAT					RISK AS				RISK ASSESSMENT		RISK TREATM	ENT		RISK REDUC	TION AND IDENTIFICATION OPPORTUNITES	
No.	Process/ Activity	Requireme nt / Expectatio n	Risk Origin/ Interested Parties	Potential Risk / issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsibl e	Implementation Date	Plan of Action Taken	Actual implem entation Date	Status (Open / Closed / Hold)	Opportunities
			Internal / External				P S P*S L/MH/VH		RISK CONTROL AND MANAGEMENT		Verification of Action Taken			Addressed Risk /Issue			
CASHIE	R SECTION (C	CS)															
RM- OpR- ADM- CS- 01	90% of approved DV are processed and transmitted to AGSBw/n 3 working days	All year round	Internal / External	Delay in the processing of DV due to lack of information such as bank details and discrepancy of payee against account name	Possible decrease in Agency's Proposed Budget due to the previous Year's Low budget Utilization Rate	In lieu of LDDAP-ADA, check payment will be issued	1	3	3								

Form: RM-ITDI-F2 Issue Date: June 2021

RM- OR- ADM- HRM S-02	At least one (1) L&D is attended by every staff w/n the year	Ali year round	Internal	Employees are not given opportunity to attend L&D due to: - Limited fund allotment for training within the year; - conduct of coaching and mentoring, and self- learning is not recorded/doc umented	Gaps on competen cy is not addressed	-Conduct of institutional Training; -Conduct of Echo Training/ Seminar; -Coaching and Mentoring Training; -Use of Coaching Form; Implementation of the Self Learning Form/Tool.	1	2	2	HRMS	July 2022		Charging of trainings to GIA fund
RM- OR- ADM- HRM S-03	-do-	-do-	Internal	-Employees are not interested due to: -mandatory /optional retirement; -resistance to adapt to new learnings	Gaps on competen cy is not addressed	-Conduct of Coaching	1	2	2				

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Issue Date: June 2021

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RM- OR- ADM- HRM S-05	100% of IPCR submission ns are monitored and reviewedin accordance with SPMS calendar and analyzed to identify developmen tal intervention s.	-	Internal  NAGEMENT SE	Delay in the conduct of review and evaluation due to late submission of IPCR from the divisions / individual on the prescribed deadline	the effectivene ss of review process	Continuous follow-up on the submission of IPCR	E SEC	2 RETAR	2 IAT (BA	C-SECT)	Transfer	Division	July 2022		
RM- OpR- ADM- PPM S-01	90% of approved PO/WO are delivered w/n the agreed delivery terms based on Specificati ons of enduser and in accordance with the provision of RA9184.	Delivery on agreed delivery terms	External	Delay in the delivery of goods & services due to sudden change of specification / brand or model / price escalation / phase-out model, by the external provider		Transfer the	1	2	2						

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RM- CR- ADM- PPM S-01	-do-	Compliance with RA 9184	internal	End-user is unfamiliar with undertaking procurement processes consistent with the RA 9184 guidelines	Potential COA AOM	Awareness of the implementing rules and regulations of COA and RA 9184 by the end-user	1	3	3	L				
RM- OpR- ADM- PPM S-06	-do-	All year round	External / Internal	Delay in the implementati on of procurement activities due to:  Incomplet e / tailor fit specificati ons of supplies, materials (S&M) & equipmen t units due to poor planning (ABC)  Limited suppliers of special S&M and equipmen t units  Permits & requirements for controlled chemicals /reagents	Unmet target/s, mileston e/s	Strategic planning and project manageme nt     Discussion with PBAC     Regular monitoring of PRs and other documents     Market study and consultative meetings with possible suppliers	1	2	2					

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RM- OpR- ADM- PPM S-09	90% of newly acquired donation & transferred properties are properly accounted, labeled and recorded w/n 15 days upon inspection	All year round	Internal	Delay in the inspection due to:  unavailability of the inspector; mismatched schedule of end-user and inspector; and building facility / laboratory site is not yet ready	Possible warranty lapse  Processing of payment on-hold	Request for provision of warranty extension  Provision for partial payment for the delivered item but yet commissioned /installed Conduct virtual inspection	1	2	2					
RM- OpR- ADM- PPM S-10	100% of unservices ble properties are accounted for and properly disposed of within the scheduled plan in accordance with COA rulesand regulations	All year round	Internal	Disposal of unrecorded unserviceable items cannot be conducted due to a lack of documentary requirements	Accumulat e unservicea ble items in the laboratory/ offices  Occupy laboratory/ office space	Assign storage room for unserviceable items  Donate to another government unit / institutions	1	3	3					

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RM- OpR- ADM- PPMS -11	All functional areas	All year round	Internal	Pandemic situation	Delay / suspensi on / defermen t of activities that highly affect the achieve ment of functiona l objective s	Compliance with IATF guidelines Implementa tion of AWA as per CSC guidelines & policies  Determine catch up plan for Change in milestone/s for approval of concerned official  Development & implementation of PSCP		3	3				
RM- OpR- ADM- PPMS -11	All functional areas	All year round	Internal	Typhoons, floods, and other disasters occurrence	Safety of human resource s and facilities are compro mised      Casualti es, injuries of manpow er; loss and damage of propertie s	<ul> <li>Regular inspection and maintenan ce of buildings / facilities including trees, drainages</li> <li>Compliance to safety protocols and issuance of office/work suspension</li> </ul>	1	3	3				

Form: RM-ITDI-F2 Issue Date: June 2021

					<ul> <li>Disruption of business operations/services</li> </ul>	ion of PSCP										
RECOF	RDS MANAGEM	ENT SECTIO	N (RMS)								-					
RM- PR- ADM- RMS- 01	90% of records received are properly disseminat ed w/n the day and shall be maintained and readily available when needed	All year round	Internal	Possible loss of documents due to wrong / incomplete details of the recipient	will not be	Send an electronic copy of the document to the recipient	1	3	3	4						

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#### RISK AND OPPORTUNITIES IDENTIFICATION AND EVALUATION SHEET

### Research & Development Group

Risk Acceptability Rating Indicators: Corrective Action Plan plus Monitoring and Measurement is Assessment Rating Guide:
Probability:
3 (high, 20.8 to 1.0 occurrence)
2 (Medium, 20.4 to < 0.6 occurrence)
1 (Low, [0.1 to < 0.4 occurrence) Monitoring and Measurement is required

No Action is required

3 (High, ≥0.8 to 1.6 Major) 2 (Medium, ≥0.4 to < 0.8 Moderate) 1 (Low, (0.1 to < 0.4 Minor) Legend: L = Low (1-3), MH = Medium High (4-6), VH = Very High (7-9)

Date of Assessi		PreparediAss	ressed by:		Reviewed by:		Appr	roved t	oy;		Next Date of Assessment:						
July 5, 2	2022		R · Causent		Se RM	Mead Head		CI	nief, Divi	sion	July 5, 2023						
		RISK / ISSU	E IDENTIFICA	TION AND EVALU	ATION			RIS	K ASSESS	MENT		RISK TREATME	ENT		NSK REDUC	TION AND IDENTIFIED OPPORTUNITES	CATION OF
No.	Process/ Activity	Requireme nt / Expectatio	Risk Origin/ Interested Parties	Potential Risk /Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsibl e	implementation Date	Plan of Action Taken	Actual Implem entation Date	Status (Open : Closed/ Hold)	Opportunities
			internal / External				P	\$	P*\$	L/MH/VH	RISK CO	INTROL AND MA	ANAGEMENT		Verification	n of Action Taken	Addressed Risk I
RM- R&D /Op R- CED -01	All process	All year round	Internal	Safety of human resources/ facilities are compromise d since facilities are situated along the seismic fault	Casualtles, injuries of manpower, loss and damage of properties     Disruption of business operations/ services	Regular building Inspection to check on structural integrity  Repair/ renovation of buildings, if necessary	2	3	6	МН	Update     evacuation     and     emergency     exit plan     and     divisional     committee     membershi     p	Chief/OIC	3Q 2022				
						<ul> <li>Transfer of facilities/ equipment units to a much safer place</li> <li>Development/ implementation</li> </ul>					Replenishm ents of first aid kit Installation/ reactivation of alarm		3Q 2022 TBD				

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						of Business Continuity Plan  Regular participation in earthquake drills  PPEs and first aid kits					system					
RM- R&D /Op R- CED -02	All process	All year round	Internal	Pandemic situation	Delay / suspensio n / deferment of activities that highly affect the achievement of functional objectives	n of AWA as per CSC guidelines & policies  Determine catch up plan for Change in milestone/s for approval of concerned official  Development & implementation of PSCP		3	6	MH	Immediate reporting of health conditions within 24 hrs to CED OC in CED Official GC, email.	Chief				
RM- R&D /Op R- CED -03	All process	All year round	Internal	Typhoons, floods, and other disasters occurrence	Safety of human resources and facilities are compromised      Casualties, injuries of manpower, loss and damage of	trees, drainages  • Compliance to safety protocols and	2	3	6	МН	Repair of leaks in the facilities	Chief/OIC	TBD with TAC Infra and TSD- ESS		P200 7 0	

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Issue Date: June 2021

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					Disruption of business operations / services	office/work suspension.									
RM- R&D /Op R- CED -04	PM-ADM- PPMS 05- 01 Purchasin g of Goods	All year round	Internal	Delay in the implementation of project activities due to procurement issues:  Incomplet e / tailor fit specifications of supplies, materials (S&M) & equipment units due to poor planning (ABC) Limited suppliers of special S&M and equipment units Permits & requirements for controlled chemicals /reagents	Unmet target/s, milestone/s	Strategic planning and project management     Discussion with PBAC     Regular monitoring of PRs and other documents     Market study and consultative meetings with possible suppliers	2	3	8	MH	Additional Divisional Canvasse r by amending SO	Chief/OIC	August 2022		

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RM- R&D/ CR- CED- 01	PM-ITDI 05- 03 Implementa tion of Regular Approved R&D Projects	round	Internal	Delay in the implementati on of activities due to unexpected breakdown of equipment unit/s	Unmet target/s, mileston e/s     Disruption of business operation	Regular preventive maintenan ce activities  Ensure availability of Supply of spare parts with the right specs  Ensure After-sales service of suppliers	1	3	3	Budget allotment for repair and maintenan ce or replaceme nt  Source-out equipment unit/s from other divisions  Purchase of new equipment	Project Leader	Upon occurrence of risk		
RM- R&D/ CR- CED- 02	PM-ITDI 05- 03 Implementa tion of Regular Approved R&D Projects	All year round	Internal	Uncertainty in the accuracy / reliability of result/s of measuring equipment due to delay in calibration	Institutional     integrity of released results	Outsource calibration services  Ensure availability of funds for a scheduled calibration Formation of calibration monitoring team per division  Venify / recalculat e results	1	3	3	Formation of Technica I Working Team to be trained and certified by NML for internal calibration  Budget allotment for repair and maintenan ce or replacement  Source-out equipment	Project Leader	Upon occurrence of risk		

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August 2022

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										unit/s from other divisions				
RM- R&D / OpR - CED -05	All process	All year round	Internal	Unavailability of manpower to carry out R&D activities and technical services due to unexpected leave of absence, study leave, resignation, and other related issues	Unmet target/s, mileston e/s     Disruption of business operation and services	Clear delineation of duties and responsibilities of divisional staff  Establish succession plan and knowledge management system within the division  Document ed Information such as Procedure s Manual and Work Instructions  Capability/competen cy building such as training, seminar and other learning and development strategies	1	3	3		Project Leader			

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RM- R&D / OpR - CED -06	PM-ADM- HRM 04- 01 Recruitme nt, Selection and Placement	All year round	Internal	Limited applicants for high-ranking positions (Division Chief) due to mismatch in the institute's criteria and preferences for said position	Operatio nal deficienc y/ ineffectiv eness of division/s	Designation of officer-in-Charge     Review and updating of the institute's criteria and preferences	1	3	3			Chief/OIC	TBD with Top Management		•
R&D	PM-ADM- HRM 04-02 Staff Developme nt	All year round	Internal	Limitations in terms of the capability of newly-hired staff to carry-out R&D projects	Deficienc y in achievin g quality results and performa nce	Capability building Coaching / Mentoring / Immersion Competen cy-based Learning and Development	1	3	3			Chief/OIC and Project Leader			•
R&D / OpR - CED	PM-TSD- BDS 05-01 Technology Transfer/ Commercial Ization of ITDI Matured Teechnologi es	All year round	Internal	Lack of market study of newly generated technologies to ensure effective transfer and commerciali zation	No Technolo gy Adoptor for Tech Transfer	Conduct stakehold er meeting/ demonstra tion before project completio n	2	3	6	МН	Conduct market survey, technolo gy pitching and focus group discussio n	Project Leader	To be discussed with TSD		

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RM- R&D / OpR - CED -09	All processes	All year round	Internal	Lack of safety measures (laboratory) in the new building	Unexpect ed injuries to laborator y staff	Signages     Limited safety equipment	2	3	6	МН	Reactivatio n/updating/ replacemen t/transfer/pr ocurement of safety equipment	Project Leaders	4Q 2022			•	
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Form: RM-ITDI-F2 Issue Date: June 2021



#### RISK AND OPPORTUNITIES **IDENTIFICATION AND EVALUATION SHEET**

**ENVIRONMENT AND BIOTECHNOLOGY DIVISION** Prepared/Assessed by: Reviewed by: Date of Approved by: Next Date of Assessment: Assessment: MA

Assessment Rating Guide:

Moderate)

Probability: 3 (High, ≥0.8 to 1.0 occurrence) 2 (Medium, ≥0.4 to < 0.8

occurrence) 1 (Low, (0.1 to < 0.4 occurrence)

3 (High, ≥0.8 to 1.0 Major)

2 (Medium, ≥0.4 to < 0.8

No Action is required

МН

Legend: L = Low (1-3),

required

Risk Acceptability Rating Indicators:

Corrective Action Plan plus Monitoring and Measurement is

Monitoring and Measurement is required

MH = Medium High (4-6),

Augu	st 3, 2022	Divisio		Custodiany/22	Nelia Elisa RM	a C. Florendo G Head		Rey	naldo L/E Division/C	sguerra Chief	August 2, 2023	1 (Low, (0.1 to	< 0.4 Minor)	VH ⇒ Very I	High (7-9)			
		RISK / ISSUE	DENTIFICA	ATION AND EVAL	LUATION			RIS	K ASSES	SMENT	RIS	SK TREATMEN	T	RISK RED	UCTION AN	DIDENTIFICATION	OF OPP	ORTUNITES
No.	Process/ Activity	Requirement/ Expectation	Expectation Internal Issue Impact C			Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Acijual In	nplementation Date	Status (Cpen / Clased/ Hold)	Opportunities
			/External				Р	S	P*S	L/MH//H	RISK CON	TROL AND MANAG	SEMENT		Ve	erification of Action Taker		Addressed Risk / Issue
RM- OpR- EBD- 01	All processes	All year round	External	Safety of human resources/ facilities are compromised since facilities are situated along the seismic fault	Casualties, injuries of manpiower; loss and damage of properties  Disruption of business operations/ services	Regular building Inspection to check on structural integrity  Repain/ renovation of buildings, if necessary  Transfer of facilities/ equipment units to a much safer place  Development/ implenyentatio n of Business Continuity Plan	1	3	3		Issuance of memo on buddy system and wearing of appropriate PPE when going to old EBD buildings  Ensure emergency exits at old EBD buildings are cleared	OC  Building Coordinator	EO Aug 2022	Staff and facilities relocation	Aug 2018 – Dec 2021	Physical presence of atomic absorption spectrophotometell at building (Closed)		Reduced utilities consumption  Assurance of safety of staff and facilities
RM- OpR- EBD- 02	All processe s	All year round	External	Health of staff may be compromised due to contracting CoVID-19 virus	Delay, / suspension / deferement of activities that highly affect the achievement of functional objectives	Compliance with IATF guidelines Implementatio n of AWA as per CSC guidelines & policies  Determine catch up plan for Change in Milestone/s for approval of conceimed official	an 1 3		3	L	Complete booster close immunization of staff	OC (in coordination with HR)	EO Dec 2022	Complete primary series of immunization of all qualified staff	Dec 2021	Availability of vaccin (Closed)	ation card	Reducedirisk of contracting CoVID-19 virus

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		*				Development & implementatio n of PSCP											
RM- OpR- EBD- 03	All processe s	Áll year round	External	Typhoons, floods, and other disasters occurrence	Safety of human resources and facilities are compromise d lllness or injuries to personnel; damage to properties  Disruption of business operations /	Regular inspection and maintenance of buildings / facilities including trees, drainages  Compliance to safety protocols and issuance of office/work suspension.	1	2	2	L	De-clogging of canal at pilot plant	Building Coordinator	EO Dec 2022	Clearing of building downspouts Trimming of tree branches	Every last Sat of the month Quarterly	Regularly implemented (Open)  Regularly implemented (Open)	Reduced risk of flooding; extended lifespan of facilities; lessen occurrence of occupational hazard
RM- OpR- EBD- 04	All processe s	Áll year round	internal	Inability to sustain adequate knowledge management (KM)	services Difficulty in attaining targeted activities	Develop proper documentation protocols	1	3	3	L	Update succession plan	OC/Section Heads	Dec 2022	Updating of Wls; staff development	Dec 2021	Work Instructions; Training Certificates (Open)	Undisrupted PPAs
RM- OpR- EBD- 05	All processe s	Áll year round	Internal .	Delay in the implementation of project activities due to acquisition issues	Unmet target/s, milestone/s	Strategic planning and project management  Discussion with PBAC  Regular monitoring of PRs and other documents  Consultative	1	3	3	L	Provide COS staff from GIA projects to supplement procurement process	GIA PLs	EO Áug 2022	Direct coordination with suppliers	Mar 2022	Approved POs (Open)	Expedite acquisition of equipment and supplies
						meetings with possible suppliers											
RM- OpR- EBD- 06	All processe s	All year round	Internal	Delay in the implementation of activities due to unexpected breakdown of equipment unit/s	Unmet target/s, milestone/s Disruption of business operation	Regular preventive maintenance activities  Ensure after- sales service of suppliers	1	2	2	L	Ensure availability of supply of spare parts and consumables with the appropriate specifications	All staff	EO Dec 2022	N/A	N/A	N/A	Reduced downtime of equipment, extended lifespan and disruption of operations
RM- OpR- EBD- 07	All processe s	Áll year round	Internal	Uncertainty in the accuracy / * reliability of result/s of measuring equipment due to delay in calibration	Institutional integrity of released results	Outsource calibration services  Ensure availability of funds for scheduled calibration	1	1	1	L	None	N/A	Ñ/A	Regular calibration laboratory equipment	Dependent of laboratory equipment	Presence of calibration certificates (open)	More reliable results of parameters measured

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						Formation of calibration monitoring team per division  Formation of Technical Working Team to be trained and certified by NML for internal calibration												
RM- OpR- EBD- 08	OPB 1.4.1	Meet target of number of peer-reviewed publications	Internal	Not meeting OPB targets on publication (OPB 1.4.1)	ITDI will not meet KRA, performance indicators and targets	Conduct of writeshop.	2	1	2	2		Designation of responsible staff to assist in preparation of papers	ОС	EO Aug 2022	Conducted writeshop	Dec 2021	Documentation of writeshop (Open)	Potential increase in number of publications
RM- OpR- EBD- 09	TEM operation	TEM in place and operational	Internal	Delay in infrastructure projects	Equipment not in place	On-going renovation of TEM room	1	3	3	3		Oversee renovation progress	ОС	July 2022	Clearing of designated rooms	Jun 2022	Pictures of cleared items (Open)	Operationalizat ion of TEM
RM- OpR- EBD- 10	Biosafety and Biosecuri ty Processe s	Áll year round	Internal	Health and safety of staff may be compromised due to infection with biological agents Unauthorized release of biological agents	Illness or injuries to personnel  Compromise of intellectual properties; public safety; erosion of public image	PPEs, good laboratory practices and engineering controls of laboratories	1	3	3	3		Creation of institutional biosafety committee  Preparation of biosafety and biosecurity protocols/manual	OC VIP Program	Dec 2022  Dec 2023	N/A	N/A	N/A	Improved biosafety and biosecurity operations and practices

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#### **RISK AND OPPORTUNITIES IDENTIFICATION AND EVALUATION SHEET**

#### FINANCE AND MANAGEMENT DIVISION

Propagad/Assessed by

Assessment Rating Guide: Probability: 3 (High, ≥0.8 to 1.0

occurrence) 2 (Medium, ≥0.4 to < 0.8 occurrence)

1 (Low, (0.1 to < 0.4 occurrence)

Severity:

Risk Acceptability Rating Indicators:

Corrective Action Plan plus Monitoring and Measurement is required

Monitoring and Measurement is required

No Action is required

Legend: L = Low (1-3) MH = Medium High (4-5)

Date of A	ssessment:			Assessed by:		Reviewed by:			Approved		Next Date of Assessment:	3 (High, ≥0.8 to 1.0 2 (Medium, ≥0.4 to Moderate) 1 (Low, (0.1 to < 0.	o < 0.8	1 -	<b>L</b> = Low (1-3 <b>VH</b> = Very Hi	3), <b>MH</b> = Mediun igh (7-9)	n High (4-5),
April 1, 20	022			L A-AGLE SE A. BIGLETE ument Custodian	/ to 11/2/2011	NELIA ELISA C. FLORENDO RMG Head			JANET/F. Division C		April 3, 2023	(2011, (8.7 to 40.	4 minory				
		RISK / I	SSUE IDENT	IFICATION AND E	VALUATION			RIS	SK ASSES	SMENT	RISK	TREATMENT		RISH		ON AND IDEN	TIFICATION OF
No.	Process/ Activity	Requirement/ Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Accept ability Rating (RAR)	Recommended Additional Control	Responsible	Impl eme ntati on Date	Plan of Action Taken	Actual Imple mentat ion Date	Status (Open/Clo sed/ Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/V H	RISK CONTROL	L AND MANAGEMI			Verificat	ion of Action aken	Addressed Risk / Issue
FMD-01	Processin g of financial transactio ns	All year round	Internal / External	Incomplete supporting documents	3 days delay of processi ng	Reiteration of ITDI memorandum on COA Circular re: List of supporting documents	1	1	1	L	Review completeness and correctness of supporting documents and signatures	End- user/PPMS		Return of DVs/PO s with lacking docum ents; Reissu e memo of docum entary require ments			Facilitate processing on time
FMD-02	Allotment for the budgetary requireme nt of ITDI	All year round	Internal	Urgent or sudden funding requirements	Delay of processi ng time	Immediate approval of request by the Head of Agency	1	1	1	L	Possible source of funding	Budget Section		Improv e utilizati on rate			90%-100% fund utilization

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No.	Droppe /			FICATION AND EV				RIS	SK ASSES			REATMENT				ON AND IDENT	IFICATION OF
NO.	Process/ Activity	Requirement/ Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Accepta bility Rating (RAR)	Recommended Additional Control	Responsible	Impl eme ntati on Date	Plan of Action Taken	Actual Imple mentat ion Date	Status (Open/Clo sed/ Hold)	Opportunities
			Internal / External				Р	S	P*S	L/MH/VH	RISK CONTROL	AND MANAGEME	ENT			on of Action aken	Addressed Risk /
FMD-03	Book up Statement of Account (SOA)	All year round	Internal / External	Unsettled account; Delinquent account	Accumulation of Receivables Account in the book of accounts; No action on demand letters	Issue demand letter (1st, 2nd and Final) to delinquent customers for outstanding accounts beyond 45 days; Regular monitoring; Suspension from further availing of services until settlement of overdue accounts; Request for Write-off for bad accounts	1	1	1	L	Strictly follow the set of guidelines of non-issuance of result until services rendered is fully paid; Intensify the monitoring of receivable accounts	Accounting Section ADMATEL		No credit shall be extende d until the full settleme nt of credit	After Final notice		Final collection of receivables; no credit policy

						DPPORTUNI ND EVALUA			HEET			Assessment Ratin Probability: 3 (High, ≥0.8 to 2 (Medium, ≥0.4 1 (Low, (0.1 to <	1.0 occurrence) to < 0.8 occurrence)	VH Corre	tability Rating Indica ective Action Plan plus Mon toring and Measurement is	itoring and Measuremer	it is required
Date	of Assessment:	Prepared/Asse	Reviewed by:	App	rovec	d by:		Next Date of Assessment:	Severity: 3 (High, ≥0.8 to	1.0 Major)	-	ction is required	requireg				
July 4	l, 2022	RISK / ISSUE IDENTIFICATION AND EVALUATION							Division (	elare.	January 2, 2023	2 (Medium, ≥0.4 1 (Low, (0.1 to <	to < 0.8 Moderate)	Locaronal	end: L = Low (1-3), M VH = Very High (7		-6),
		The state of the s							ISK ASSES	SMENT	-	RISK TREATMEN	IT	RISK RED	UCTION AND IDENT	IFICATION OF OF	PORTUNITES
No.	Process/ Activity	Requirement/ Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)	Opportunitie
			Internal / External				Р	S	P*S	L/MH/VH	RISK CON	TROL AND MAN	AGEMENT		Verification of	Action Taken	Addressed Risk / Issue
RM- OpR- FPD- 01	Provision of Technical Services	Process cycle time – All year round	Internal	Unexpected equipment breakdown during the implementation	Below Very Satisfactory rating from the client	Planning, implementation, and monitoring of equipment preventive maintenance and / or calibration.  List of suppliers/external providers for equipment and the critical parts of the equipment	1	3	3								

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RM- OpR- FPD- 02	Provision of Technical Services	All year round	Internal/External	Changes of quarantine status in NCR and divisional lockdown due to COVID infection	Suspension/ deferment of technical services	Communication with the clients 2 to 3 days prior to agreed schedule	1	1	1	L				Since 2020	Closed	Risk/ Issue was addressed  Already adapted to new normal scheme
RM- OR- FPD- 01	Provision of Technical Services	Process cycle time – All year round	Internal	Delays completion of technical services due to sick leave, intervening tasks, and resignation and or transfer to another division of the expert (s)	Below Very Satisfactory rating from the client	Creation of FPD teams to handle specific technical activities  Knowledge transfer for concerned team  Attendance to trainings and seminars	1	1	1	L				Since 2019	Closed	Risk/ Issue was addressed  The risk did not occur for the past 5 years
RM- R&D- FPD- 01	Implementation of Approved Regular R&D Projects	Process cycle time – All year round	Internal/External	Unexpected equipment breakdown during the implementation	Below 90% completion of deliverables	Planning, implementation, and monitoring of equipment preventive maintenance and / or calibration.  Outsourcing of similar equipment used in the project  Planning, implementation, and monitoring of equipment preventive maintenance and / or calibration.  Outsourcing of similar	2	3	6	MH	Come-up with the list of the after-sale services for different equipment purchased  Ensure availability of funds for repair	Project staff	July 2022 July 2022			

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						equipment used in the project  For the GIA acquired equipment, prepare and submit request including other supporting documents for the transfer to ITDI											
RM- R&D- FPD- 02	Implementation of Approved Regular R&D Projects	Process cycle time – All year round	Internal	Delays completion of projects due to sick leave, intervening tasks, and resignation and or transfer to another division of the expert (s)	Below 90% completion of deliverables	Knowledge transfer for concerned project staff	1	2	2	L					Since 2018	Closed	Risk/ Issue was addressed The risk did not occur for the past 5 years
RM- R&D- FPD- 03	Implementation of Approved Regular R&D Projects	Monthly	Internal/External	Delays on project implementation due to slow replenishment of cash advance	Below 90% completion of deliverables	Designation of new petty cash custodian	2	1	2	L							
RM- R&D- FPD- 04	Implementation of Approved Regular R&D Projects	2 months after end of project duration	Internal	Delays/Non- submittal of terminal report due to slow pacing or difficulty in the preparation of the report	Failure to submit the report within the designated time frame	Issuance of NCAR	1	3	3	L							
RM- R&D- FPD- 05	Implementation of Approved Regular R&D Projects	All year round	Internal/External	Delays on project implementation due to people and raw	Extension of project duration and completion	Submit request for change of milestone	1	3	3	L	Bulk order of RM and use of delivery/courier services.	Project Team	January 2022	Ordered RM in bulk and use of delivery/ courier services.	Since January 2022	Hold	The risk and current control are still under monitoring

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				material mobility and divisional lockdown caused by COVID infection		/deliverables and or project completion date  Coordinate with the DOST regional offices and RFICs and other government agencies					Conduct alternative activities related to the project			Conducted alternative activities related to the project			
RM- PR- FPD- 01	All Processes	All year round		Exposure to chemical hazards	Frequent absence to duty	Compliance to Good Laboratory Practices.  Observe regular segregation and/or disposal of chemical wastes  Updating of Chemical Inventory	1		3	L							
RM- PR- FPD- 02	All Processes	All year round	Internal/External	Pandemic concerns and calamities (e.g. fire, typhoon, earthquake)	Frequent absence to duty	Adopt the IATF Guidelines and protocols for the management of infectious diseases  Daily health monitoring  Form Disaster Management Committee -Participate in national drills  Covid-19 vaccination	2	3	6	MH	Covid-19 booster vaccination	All Staff	January 2022	Booster vaccination of 100% of FPD staff	Since January 2022	Hold	The risk and current control are still under monitoring

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		*															
	10	1				PPORTUNI ND EVALUA		SHE	ET			Assessment Rating	a Guide:	Risk Acce	ptability Rating Ind	icators:	
	<b>O</b>		M	ATERI	A I S S(	CIENCI	r DI	VI	SION	Т		Probability: 3 (High, ≥0.8 to	o 1.0 occurrence)	VH	Corrective Action and Measurement		itoring
Date		Prepared/Assessed		Reviewe	THE PASSE AND ST		Approve				Next Date of	2 (Medium, ≥0 occurrence) 1 (Low, (0.1 to < 0		МН	Monitoring and Me required	asurement is	
Asse	ssment:	, ,									Assessment :	Severity: 3 (High, ≥0.8 to	•	L	No Action is requi	red	
Ju	ly 6, 2022	Type		9	Mued	۷		X	eloc	Th	July 6, 2023	2 (Medium, ≥0 Moderate) 1 (Low, (0.1 to < 0	.4 to < 0.8	Leg	end: L = Low (1-3), N VH = Very High (		High (4-6),
		Divisional Docum			RMG Head				vision Chi								1 1
			UE IDENTIFICA					- 1	RISK ASSE			RISK TREATME	NT	RISI	REDUCTION AND OPPORTI		ATION OF
No	Process Activity		Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Con	ntrol	P r o b a b i l i t	S Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommende d Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open / Closed/ Hold)	Opportunities
			Internal / External					P S	P*S	L/MH/VH	RISK CO	DNTROL AND MA	NAGEMENT		Verification of Taken	Action	Addressed Risk / Issue
RM - R& D- MS D- 01	Implementa of approved R&D (GAA GIA) projec	d round &	Internal: PMISD, Procureme nt, BAC	If the events identified below will happen, then there is a risk that targeted milestones will not be delivered and so project objective(s) will not be met	Project objective(s) not met								•				

			☐ failed bidding of equipment, supplies and materials,	Conduct of canvass and procure ahead of time Inventory of materials and supplies available Create a team to monitor status of procurement and delivery	1	3	3					
			unexpecte d equipment breakdown	Regular calibration and preventive maintenance of equipment Preparation Purchase Request of spare parts (with right specifications, warranty inclusions of calibration and preventive maintenance, timeline of delivery) Budget allotment for repair and maintenance							***	
2	*	Internal: MSD Section Heads and Chief	manpower availability due to disaster and pandemic (COVID-19)	Implementation of alternative work arrangement (AWA) Follow up succession plan/conduct coaching and mentoring (inhouse training)	1	3	3	L				

		All year round	Internal: Chemical Inventory Team	□ No indicated expiration date of reagents on chemical inventory	Possible use of expired reagents that could lead to unreliable results	Follow harmonized ITDI chemical inventory format and monthly updating of inventory	1	3	3					
		All year round	Internal: PMISD	If terminal report is not submitted within agreed time frame, then there is a risk that one of the functional objectives will not be met resulting in low rating in the overall performan ce of the division.	Low rating in the overall performanc e of the division	Strict monitoring of activities according to the work plan, posting on bulletin board and sending of email for the reminder of submission of terminal report.	1	3	3				*	
RM - Op r- MS D- 02	Provision of technical services	All year round	External: Academe, Industry, LGU Private Individuals Internal: R&D Divisions	If the event of unexpected equipment malfunction or breakdown, there is a risk that targeted due date will not be met and delivery of results will be delayed.	Delay in the delivery of results	Regular     calibration and     Preventive     Maintenance of     equipment     Change of     schedule / due     date     (communicate     with client thru     email, phone)	1	3	3					

RM - R& D- MS D- 03	Delivery of Major Final Outcome:  • Application for IP Protection • Papers published in peer reviewed journals or conference /proceedings presented in local/internati onal conference /fora	All year round	Internal: MSD Section Heads and Chief, Project Doers TSD	In the event of limited budget, the risk or failure to file for IP protection and papers published as target milestone will result to low rating of the overall divisional performanc e	Low rating of the overall divisional performanc e	Submission of patent draft to TSD and technical paper to Publication Committee		1	1	L				¥				
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#### Risk Acceptability Rating Indicators: **RISK AND OPPORTUNITIES** Corrective Action Plan plus Monitoring and Measurement is **IDENTIFICATION AND EVALUATION SHEET** Assessment Rating Guide: Probability: Monitoring and Measurement is required 3 (High, ≥0.8 to 1.0 occurrence) **PMISD** 2 (Medium, ≥0.4 to < 0.8 No Action is required occurrence) **Next Date of** Approved by: Reviewed by: Prepared/Assessed by: 1 (Low, (0.1 to < 0.4 Date of Assessment: Assessment: occurrence) Legend: L = Low (1-3), MH = Medium High (4-6), Severity: 3 (High, ≥0.8 to 1.0 Major) VH = Very High (7-9) 2 (Medium, ≥0.4 to < 0.8 morning Moderate) 1 (Low, (0.1 to < 0.4 Minor) January 9, 2023 **RMG Head** Divisional RMG June 17, 2022 RISK REDUCTION AND IDENTIFICATION OF OPPORTUNITIES **RISK TREATMENT RISK ASSESSMENT** RISK / ISSUE IDENTIFICATION AND EVALUATION Plan of Actual Responsible **Impleme** Risk Risk Recommended Potential Risk / Impact Current Risk Require-Process No **Additional Control** Implemen-**Priority** Acceptab ntation Action Origin/ Control ment issue Activity Number ility Taken tation Date Date Interest Expecta-(RPN) Rating tion ed (RAR) **Parties** Verification of Action Taken **RISK CONTROL AND MANAGEMENT** P\*S L/MH/VH Internal External PLANNING AND MONITORING SECTION Shifts in Will not Reprioritiza-Internal All year Preparation RM tion/realignharm the round and priorities, of Institute's OPR directions, and operations ment of External 01programs existing PAPs strategies due to **PMISD** and projects and/or call for change in aligned with - PMS additional leadership the national and/or project and proposals organizational department aligned in the structure priorities new directives and needs

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Status (Open /

Closed/

Hold)

Opportuni-

ties

Addressed

Risk / Issue

		RISK / ISSU	E IDENTIFIC	CATION AND EVALUA	ATION		1000	RISK	( ASSESS	MENT	RISK	TREATMENT		RISK REDUC		IFICATION OF OPI	
No	Process/ Activity	Require- ment/ Expecta- tion	Risk Origin/ Interest ed Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptab ility Rating (RAR)	Recommended Additional Control	Responsible	ntation Date	Plan of Action Taken	Actual Implemen- tation Date	Status (Open / Closed/ Hold)	Opportuni- ties
			Internal / External				P	S	P*S	L/MH/VH	RISK CONTRO	L AND MANA	GEMENT		Verification (	of Action Taken	Addressed Risk / Issue
RM - OPR - 02- PMISD - PMS	Prepara-tion of Institute's plans and budget proposals within the prescribed date	As pres- cribed by DBM	Internal	Under estimation of targets set due to the delay in submissions from divisions of proposed PAPs with corresponding budgetary requirements	Low appropriati ons released to the Institute	Implementa- tion of control mechanisms: -Memo re: submission deadline -Constant follow ups -DPCR rating -Estimation of targets based on the previous years' accomplishme nts	1	1	1	L							
			External	Uncertainty in the approved budget	Decreased endorsed	Budget apportioned	1	2	2	Ĺ							
				by DBM due to unexpected events/ national emergencies	budget or unfunded expense items due to lack of fiscal space	among the divisions for the conduct of PAPs											

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		RISK / ISS	<b>UE IDENTIFI</b>	CATION AND EVALU	ATION			RISI	K ASSESS	SMENT	RISK	TREATMENT			CTION AND IDENTI		PORTUNITES
No	Process/ Activity	Require- ment/ Expecta- tion	Risk Origin/ Intereste d Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptab ility Rating (RAR)	Recommended Additional Control	Responsible	Impleme ntation Date	Plan of Action Taken	Actual Implemen- tation Date	Status (Open / Closed/ Hold)	Opportuni- ties
			Internal / External				P	S	P*S	L/MH/VH	RISK CONTRO	L AND MANAG	EMENT		Verification o	f Action Taken	Addressed Risk/Issue
RM - OPR -03- PMI SD - PMS	Monitoring of Institute's programs, activities and	Quarterly	Internal	Mismatch of schedules between monitors and PLs/ project staff	Delay of conduct of monitoring	Reschedule monitoring before the evaluation	2	1	2	L							
rivi3	projects (PAPs)			2. Disruption to normal operations due to natural/man-made disasters and health-related	Delay of conduct of monitoring	Reschedule monitoring and evaluation	1	2	2	L							
RM - OPR -04- PMI SD - PMS	Evaluation of Institute's programs, activities and projects (PAPs)	Quarterly	Internal	1. Compromised and ineffective assessment of project accomplishments /progress due to the absence of subject matter	Technical issues and concerns in project implemen tation not resolved	Recorded videos of the evaluation are forwarded to TRC. The comments and/or inquiries about the	1	2	2								
				expert of TRC during the evaluation		projects are sent through e-mail three (3) days upon notification											
			Internal	2. Disruption to normal operations due to natural/man- made disasters and health- related emergencies	Delay in the conduct of evaluation	Reschedule evaluation	1	2	2	L							

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		RISK / ISS	UE IDENTIF	CATION AND EVALU	ATION			RISH	ASSES	SMENT	RISK	TREATMENT		RISK REDUC	CTION AND IDENT		
No	Process/ Activity	Require- ment/ Expecta- tion	Risk Origin/ Intereste d Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Rating (RAR)	Recommended Additional Control	Responsible	Impleme ntation Date	Plan of Action Taken	Actual Implemen- tation Date	Status (Open / Closed/ Hold)	Opportuni- ties
			Internal / External				P	S	P*S	L/MH/VH	RISK CONTRO	OL AND MANAG	EMENT		Verification o	f Action Taken	Addressed Risk / Issue
RM - OPR -05- PMI SD - PMS	Review of existing and/ or formula- tion of new organiza- tional policies	As need arises	Internal	Limited information/ data to be used as basis for policy review/ reformulation/ development	Compromised effectiveness of policy development	Cite minutes of EXECOM/ MANCOM/ Committee meetings and emphasize the significance of the current issues to justify the amendment of existing policies or development of new policies	1	3	3								

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Process/	Require-								SMENT	INDIA	TREATMENT		1 /1 /2 / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2	TION AND IDENT		
Activity	ment/ Expecta- tion	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptab ility Rating (RAR)	Recommended Additional Control	Responsible	Impleme ntation Date	Plan of Action Taken	Actual Implemen- tation Date	Status (Open / Closed/ Hold)	Opportuni- ties
						P	S	P*S	L/MH/VH	RISK CONTRO	L AND MANAG	EMENT		Verification o	f Action Taken	Addressed Risk / Issue
MENT INFOR	RMATION SYSTI							2000		TOTAL CONTRACTOR						
mpleme ntation of approved and Budgete i ISSP	Implement ation Period (2020- 2022)	Internal / External	Sudden     resignation of IT     Contract of     Service Staff	Delayed implementa tion of plan	Use of same system development platform for easy re- assignment of priority workload	1	3	3								
			2. Approved ISSP not funded by DBM	Set back on ICT capabilities progress	Request for target revision from office of the Director	1	3	3	L							
			3. Major change of end-user/s requirements (e.g. addition/ reduction of processes, user privileges and required pages	Set back on ICT capabilities progress	Use of Rapid Application Design in IS development	1	3	3	L							
1 3 3 3	npleme tation of oproved nd udgete	IENT INFORMATION SYST Inpleme Implement tation of ation pproved Period (2020- udgete 2022)	Internal / External IENT INFORMATION SYSTEMS SECTION Impleme Implement Internal / External Improved Period (2020- Internal / External Internal / Internal	Internal / External  Impleme Implement ation Period (2020- udgete ISSP  2. Approved ISSP 2. Approved ISSP not funded by DBM  3. Major change of end-user/s requirements (e.g. addition/ reduction of processes, user	Internal / External  Implement ation of period (2020-2022) ISSP  2. Approved ISSP not funded by DBM  3. Major change of end-user/s requirements (e.g. addition/reduction of processes, user privileges and required pages	Internal / External  Implement ation of opproved and (2020- 2022)  ISSP  ISSP  Implement ation of period (2020- 2022)  ISSP  Implement ation of period (2020- 2022)  ISSP  Internal / External  Internal / External  Internal / Internal / External  Internal / Internal / External  Internal / Internal / Internal / Internal / Internal / External  Internal / External  Internal /	Internal / External   Internal / Contract of   Internal / External   Internal / Internal / External   Internal / Internal / External   Internal / Internal	IENT INFORMATION SYSTEMS SECTION   npleme tation of period (2020-2022)   ISSP	IENT INFORMATION SYSTEMS SECTION Inpleme tation of opproved induced last on under the state of the providing state	Internal / External   Internal / Internal / External   Internal /	Internal   External   External     External     External     External     External     External     External     External	Internal / External   External	Internal / External EINT INFORMATION SYSTEMS SECTION Implement lation of pproved Period (2020- 2022) ISSP    Delayed (2020- 2022)   Set back on for equirements (e.g. addition/ reduction of processes, user privileges and required pages   Set back on processes, user privileges and required pages   Set back on processes, user privileges and required pages   Set back on processes, user privileges and required pages   Set back on processes, user privileges and required pages   Set back on processes, user privileges and required pages   Set back on processes, user privileges and required pages   Set back on processes, user privileges and required pages   Set back on processes, user privileges and required pages   Set back on processes, user privileges and required pages   Set back on processes, user privileges and required pages   Set back on processes, user privileges and required pages   Set back on processes, user privileges and processes, user privileges and required pages   Set back on processes, user privileges and processes   Set back on processes, user privileges and processes   Set back on	INTERNAL INT	Intermal / External   P   S   P*S   L/MH//H   RISK CONTROL AND MANAGEMENT   Verification of proved in the property of provided and continued by DBM   DBM   DBM   DBM   DBM   DBM   DBM   Tequirements (e.g. addition) reduction of processes, user privileges and required pages   Tequired pages   Te	Internal / External   External   Implement attion of action Taken   P S P*S L/MH/VH RISK CONTROL AND MANAGEMENT   Verification of Action Taken

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		RISK / ISSL	JE IDENTIFICA	TION AND EVALUAT	ION		180	RISK	ASSESS	MENT	RISK	TREATMENT		RISK REDUC	TION AND IDENT	IFICATION OF OF	PORTUNITES
No	Process/ Activity	Require- ment/ Expecta- tion	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptab ility Rating (RAR)	Recommended Additional Control	Responsible	Impleme ntation Date	Plan of Action Taken	Actual Implemen- tation Date	Status (Open / Closed/ Hold)	Opportuni- ties
			Internal / External				P	S	P*S	L/MH/VH	RISK CONTRO	L AND MANAG	EMENT		Verification o	f Action Taken	Addressed Risk / Issue
RM - OPR -02- PMISD - MIS	Provision of IT Infrastruct ure and Data	As need arises	Internal	Cyber Security Risk that would compromise data integrity	Interruption on organiza- tion's activities that rely on ICT infrastruc- ture	Issue Policy guidelines for ICT Security  Use of Enterprise Multi-layer Data and Network Security Infrastructure	1	3	3				=				

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	3		P		ICATION A	OPPORTUNI ND EVALUA HNOLO	TIC	N S		SION			1.0 occurrence) to < 0.8 occurrence) 0.4 occurrence)	Corrective required Monitarin	ity Rating Indicator re Action Plan plus Morito ng and Measurement is re	ring and Measurement is	
Date o	f Assessment:	Prepared/Ass	essed by:			Reviewed by:	Approved by:  fm W.  OIC Division C  RISK ASSESS  Alignment of the priority Number (RPN)  P S P*S		Next Date of Assessment:	2 (Medium, ≥0.4 1 (Low, (0.1 to <	to < 0.8 Moderate)	Louising					
Augus	et 15, 2022	FU	ndu Divisiona	V. Lorro		MMush RMG Head					-November 2022			Legend: L = L High (7-9)	ow (1-3), MH = Mediu	m High (4-6), <b>VH</b> = \	/ery
		RISK / ISS	SUE IDENTIFI	CATION AND EVALUA	TION							RISK TREATMEN	VT .	RISK REDUC	TION AND IDENTIF	ICATION OF OPP	ORTUNITES
No.	Process/ Activity	Requirement/ Expectation	Risk Origin/ Interested Parties	Fotential Risk / Issue	Impact	Current Control	Probability	Severity	Priority Number	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)	Opportunities
William Designation of the Control o			Internal / External				P	S	P*S	L/MH/VH	RISK CON	ITROL AND MAN	IAGEMENT		Verification of	Action Taken	Addressed Risk / Issue
RIM- RD- R & D- PTD- 01	Implementation of Approved R & D Projects (GAA & GIA assisted)  Provision of technical services	All year round	DOST Project staff External/ internal	Uncertainties in the outcome of research/test results Unforseen events in the conduct of research	Unmet targets, milestone/s	Conduct extensive literature research Consult a knowledge provider Change of milestone Catch-up plan	1	2	2		Mitigate	Project leader Project researcher	Immediately	Submitted change of milestone to PMISD  Consulted a knowledge provider and revised experimental design based on the recommendations of the consultant			
RM- RD- OpR- PTD- 01	-do-	All year round	Project staff BAC Procurem ent section	Delay in the purchase, delivery of equipment, materials & supplies due to procurement issues	Unmet targets, milestone/s	Strategic planning and project management	1	1	1				-	en - [f			

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			internal/ External			Discussion/con sultation with BAC Regular monitoring of PRs and other documents Search for possible suppliers								
RM- RD- OpR- PTD- 02	-do-	All year round	Project staff Supplier of equipmen t Internal/ external	Delay in operation and conduct of experiment or tests due to unexpected equipment breakdown	Unmet targets, milestone/s	Regular Preventive maintenance, and calibration Activities Source out equipment from other division or testing lab Outsource test from other laboratories Ensure availability of supply of spare parts with the right specifications Ensure after- sales service of suppliers Change of proj. milestone	1	2	2	Consult equipment supplier re problem with the equipment/po ssible cause of malfunctionin g Prepare pre- inspection report, PR for immediate repair of the unit	Tech, staff assigned/ end-user	immediately		Purchase of new equipment Budget allotment for repair and maintenance or replacement Equipment upgrade

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RM- RD- OpR- PTD- 03	-do-	All year round	Procurem ent section Certifying bodies Project researche r  External/Internal	Difficulty in procurement of chemicals/reagents and/or standards needed for analyses due to certification requirements from PDEA and PNP	Unmet targets/milesto ne  Delay in the conduct of analysis of product samples	Regular follow- up from Procurement section regarding certificate from PDEA and PNP	1	1	1	L	Purchase of sufficient supply of chemical solution	Assigned researcher	Immediate	Acquired copy of certificate from PNP Purchase allowed/permitt ed amount of chemical reagents	November 2021	Closed		
----------------------------------	------	-------------------	---	--	---	---	---	---	---	---	--	------------------------	-----------	--	------------------	--------	--	--

RM- RD- OpR - PTD -04	-do-	All year round	External	Delay in the conduct of field trials due to weather disturbances/natur al disasters/climate change	Delay in project implementation Unmet targets and milestone/s	Submit change of milestone and revised workplan to PMISD and monitoring council	1	1	1	L	Look for other sources of RM	Project leader/staf f	Immediately	Submitted change of milestone to monitoring division or council Catch-up plan			
RM- RD- OpR - PTD -05	-do-	All year round	External/ internal	Unavailability of manpower to carry-out R & D activities and technical services due to unexpected leave of absence due to covid, study leave, resignation and other related issues i.e. changing IATF quarantine protocols	Unmet targets and milestone/s	Compliance to IATF rules regarding work arrangements Change of milestone Catch-up plan	1	2	2	L	Request for project extension	ITDI Execom Project leader Project staff	Immediately	Submit to project monitor revised milestone and workplan Catch-up plan	November 2021	closed	

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RM- RD- OpR	-do-	Submission of terminal report within	External/ internal	terminal report within the	Unmet Functional Objective	Submission of draft terminal report	1	2	2	L	Project leader	Immediately	Submission of draft terminal report	August 2022	
PTD -06		two months after project completion		approved timeframe due to issues like incomplete analysis of data, delay in test results, etc.		Request for extension on submission of final terminal report					Project staff		Request on submission of terminal report  Fast tract writing the terminal report		

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			1	R IDENTIFI	ISK AND CATION A				Alui	EET	12.5			VH	Corrective Acton Plan  Monitoring and Measur	plus Monitoring and Mea	asurement is required
Date of Asses	of esment:	Prepared/Asse	ssed by:			Reviewed by:	Ap	prove	d by:		Next Date of Assessment:	Severity: 3 (High, ≥0.8 to	1.0 Major)	M L	No Action is required	ement is required	
July 4	, 2022			ument Custodia		RMG Head			Xulla Division		Jan 3, 2023	1 (Low, (0.1 to <					H = Medium High, VH = Very High
No.	Process/ Activity	RISK / ISSUE I Requirement/ Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	RISK TREATMEI Responsible	implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)	F OPPORTUNITES Opportunities
			Internal / External				P	S	P*S	L/MH/VH	RISK CON	ITROL AND MAI	NAGEMENT		Verification of	Action Taken	Addressed Risk /
OPR- RM- TSD- ESS- 04	FO#7: Engineer- ing support to technology transfer, R&D, technical services, maintenan ce and repair of physical facilites/ buildings.	Efficient delivery of services in support of techno-transfer, R&D, and technical services within the prescribed time with a VS rating.	Internal/ External	Unavailability of training requirements (raw materials and supplies) despite close coordination with the requesting party.	Compromised efficiency in the conduct of training due to time and material constraint.	Stricter monitoring/ checking of availability of required materials prior to deployment of staff.	1	1	1	L	Transfer of risk to the Client shall provide requirements that w	a waiver pertaining	g to lack of training ectiveness of training.		Open (O	n-going)	Online meeting with the requesting party for inspection of equipment and needed materials to ensure readiness and availability, e.g. for bioreactor, dual drum composter.
	buildings.	Delivery of support services in relation to repair and maintenance of building following the approved schedule and building maintenance protocol.	Internal	Lack of manpower capability to perform the appropriate action.  Unavailability of necessary resources (supplies/	Delays in the delivery of TSD services thus, hamper the implementation of maintenance activities.	Resort to outsourcing of possible suppliers with needed funds Infra - SDO	1	1	1		Transfer For outsourcing of s Coordination with B		the capability of ESS.		Open (C	on-going)	

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materials,			
equipment,			
etc.) to	P 0002 13 51		
perform the			
appropriate action.			
doubli.			

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					ISK AND					EET		Assessment Ration Probability: 3 (High, ≥0.8 to 2 (Medium, ≥0.4 1 (Low. (0.1 to <	1.0 occurrence) to < 0.8 occurrence)	νн	Corrective Action Plan  Monitoring and Measur	plus Monitoring and Mea	asurement is required
Date of		Prepared/Asses	ssed by:			Reviewed by:	App	roved	l by:		Next Date of Assessment:	Severity: 3 (High, ≥0.8 to	1.0 Major)	M L	No Action is required	ement is required	
July 4,		Dir	gal visional Docu	luc Iment Custodia	an	RMG Head			Division (	Chief	Jan 3, 2023	1 (Low, (0.1 to <					H = Medium High, VH = VeryHigh
		RISK / ISSUE I						R	ISK ASSES	SMENT		RISK TREATME	TV	RISK F	REDUCTION AND ID		
No.	Process/ Activity	Requirement/ Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)	Opportunities
	Anna Pin Law		Internal / External				P	S	P*S	L/MH/VH	RISK COM	TROL AND MA	NAGEMENT		Verification of		Addressed Risk Issue
OPR- RM- TSD- IDS- 06	Availability of resources for easy retrieval of information	Enhancing and sustaining the ITDI in-house collection and knowledge products	Internal and external	Drawbacks on storing and safekeeping of in-house collections that resulted to decentralized library holdings due to the closure of the physical library.	Decentralized library hodings can no longer provide quality library service to external and internal customers in terms of quick and easy access to needed data/information for research works, and failure to protect the ITDI inhouse collection and knowledge products.	that aims to revitalize	2	2	4	МН	<ul> <li>Infra fo</li> </ul>	: sal on KM or the design of KM ring and coaching o					Rehabilitation of former memorabilia/libra

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#### **RISK AND OPPORTUNITIES IDENTIFICATION AND EVALUATION SHEET**

				ADMIN								Assessment Ratir Probability: 3 (High, ≥0.8 to 2 (Medium, ≥0.4 occurrence)	1.0 occurrence)	мн	Corrective Action Plan prequired  Monitoring and Measure  No Action is required	Sales of the	
Date	of essment:	Prepared/Asse	ssed by:		Reviewed I	by:	App	rovec	l by:		Next Date of Assessment:	1 (Low, (0.1 to <			L = Low (1-3), MH =	- Madium High	146)
Jan.	3, 2020	Divisio	nal Documen		₽√v	MG Head		3	Division C	Chief	Jan. 4, 2021	3 (High, ≥0.8 to 2 (Medium, ≥0.4 Moderate) 1 (Low, (0.1 to <	to < 0.8	Legeno	<b>VH</b> = Very High (7-9)	- Medidili High	(4-0),
	4-200	RISK / ISS	UE IDENTIFIC	ATION AND EVALU	ATION			RIS	K ASSES	SMENT	RI	SK TREATMENT		RI	SK REDUCTION A	ND IDENTIFI	CATION OF
No	Process/ Activity	Requirement / Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implement ation Date	Plan of Action Taken	Actual Implementati on Date	Status (Open / Closed/ Hold)	Opportunities
			Internal / External				Р	S	P*S	L/MH/VH	RISK CONT	ROL AND MANA	AGEMENT		Verification Take		Addressed Risk / Issue
CAS	HIER SECTION				T.												
	Acceptan ce of Payment	All year round	Internal	Incomplete details in TSR: no TSR reference number; no cost/amount to be paid; no signature of analyst/validator	Long waiting period	Coordinate with concerned division	2	3	6	МН	Check completenes s of details	Analyst / Validator	Always				
2	Acceptan ce of Payment thru Check	All year round	External	Post dated; Lack of signature; Discrepancy in words and figure; Incorrect name of payee; With alteration	Discrepa ncy in the list of deposite d collectio ns and actual deposit	Thorough verification of all entries in Cheque	1	3	3	1							

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Risk Acceptability Rating Indicators:

Corrective Action Plan plus Monitoring and Measurement is required

		RISK / ISS	UE IDENTIFIC	ATION AND EVALUA	ATION			RIS	SK ASSES	SMENT	RI	SK TREATMENT		RI	SK REDUCTION A	AND IDENTIFI ORTUNITES	CATION OF
No .	Process/ Activity	Requirement / Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priorit y Numbe r (RPN)	Risk Acceptabil ity Rating (RAR)	Recommend ed Additional Control	Responsible	Implement ation Date	Plan of Action Taken	Actual Implementati on Date	Status (Open/Clo sed/ Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/VH	RISK CONT	ROL AND MANA	AGEMENT		Verification Take		Addressed Risk / Issue
HUM	AN RESOUR	RCE MANAGEME	NT SECTION	(HRMS)													
1	Hiring of personne I	All year round	Internal / External	Announcement not widely disseminated	Insufficie nt applicant s	Posting of vacant position in other bulletins such as school campus, LGU offices, and other government institutions	2	3	6	MH	Posting of vacant position in social media, Jobstreet, and print ads	HRMS	As needed				
2	-do	-do-	Internal	Tailored fit qualification and job description of the division	Delayed in filling up of the vacant position	Determine Job Description / specification based on the CSC rules	1	2	2								
3	Selection process	All year round	Internal	Slow process of selecting qualified applicants	Delayed in filling up of the vacant position	Strictly follow the CSC prescribed period on publication of vacant positions	1	2	2								
4	-do-	-do-	Internal	Difference in opinion between the requisitioner and the appointing authority	Delayed in preparati on of appointm ent	Re-evaluation	1	2	2								

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			UE IDENTIFIC	ATION AND EVALU	ATION			RIS	K ASSES	SMENT	RI	SK TREATMENT		RI	SK REDUCTION / OPPO	AND IDENTIFIC	CATION OF
No	Process/ Activity	Requirement / Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priorit y Numbe r (RPN)	Risk Acceptabil ity Rating (RAR)	Recommend ed Additional Control	Responsible	Implement ation Date	Plan of Action Taken	Actual Implementati on Date	Status (Open/Clo sed/ Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/VH	RISK CONT	ROL AND MANA	GEMENT		Verification Take		Addressed Risk / Issue
HUM	IAN RESOUR	CE MANAGEME	NT SECTION	(HRMS)													
5	Hiring of personne	All year round	Internal / External	Filing of protest	Prolonge d selection of applicant	Thorough evaluation by DSB / SPB	1	2	2								
6	Hiring of personne I	All year round	External	Fraudulent eligibility	Disqualifi cation of the applicant	Require submission of authenticated copy of the eligibility	1	3	3								
7	Staff develop ment	All year round	Internal	Allotment to attend seminar / training / workshop / conference is limited	Inability of staff to attend seminar / training / worksho p / conferen ce	Source out available relevant seminar / training / workshop / conference thru internet, newspaper, brochures, pamphlets, etc.	3	1	3								
8	-do-	-do-	Internal / External	Invitation not widely disseminated	Lose of chance to attend relevant seminar	Strictly monitor the recipient of the invitation; follow up to the concerned division	1	2	2								

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			JE IDENTIFIC	ATION AND EVALUA	ATION			RIS	K ASSES	SMENT	RI	SK TREATMENT		RI	SK REDUCTION A	AND IDENTIFIC	CATION OF
No	Process/ Activity	Requirement / Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priorit y Numbe r (RPN)	Risk Acceptabil ity Rating (RAR)	Recommend ed Additional Control	Responsible	Implement ation Date	Plan of Action Taken	Actual Implementati on Date	Status (Open/Clo sed/ Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/VH	RISK CONT	ROL AND MANA	AGEMENT		Verification Take		Addressed Risk / Issue
HUM	AN RESOUR	RCE MANAGEME	NT SECTION	(HRMS)													
9	-do-	-do-	-do	Echo seminar is not conducted within the prescribed period	Delay in transfer of knowledg e	Monitor the completed seminar; notify participant to conduct echo seminar	3	1	3								
10	Staff develop ment	All year round	Internal	Unfinished / incomplete degree course of the scholar	Loss of opportun ity to other employee	Signed contract	2	3	6	МН	Request for pledge of commitment from grantee	HRMS Head	As needed				
11	-do-	-do-	Internal	Scholar leaves the institute after rendering service obligation	Loss of opportun ity for knowledg e transfer	Screen thoroughly the prospective scholar	1	2	2	1							
PRO	PERTY & PR	ROCUREMENT M.	ANAGEMENT	SECTION (PPMS) W	ITH BIDS & A	WARDS COMMIT	TEE	SECR	ETARIAT	(BAC-SECT)							
1	Conduct of Public Bidding	All year round	Internal	Lack of BAC quorum	Prolonge d procurem ent process	Issuance of notice of procurement activity	1	3	3	4							
2	-do-	-do-	-do-	Incomplete technical specifications	Requeste d items not awarded on prescribe d time	Conduct of pre- procurement	3	2	6	MH	Conduct market study / analysis	End-user	As needed				

		RISK / ISS	UE IDENTIFIC	ATION AND EVALUA	ATION			RIS	K ASSES	SMENT	RI	SK TREATMENT		RI	SK REDUCTION OPPO	AND IDENTIFI DRTUNITES	CATION OF
No	Process/ Activity	Requirement / Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priorit y Numbe r (RPN)	Risk Acceptabil ity Rating (RAR)	Recommend ed Additional Control	Responsible	Implement ation Date	Plan of Action Taken	Actual Implementati on Date	Status (Open/Clo sed/ Hold)	Opportunities
			Internal / External				Р	S	P*S	L/MH/VH	RISK CONT	ROL AND MANA	AGEMENT		Verification Tak	CHOST THE PROPERTY OF THE PARTY	Addressed Risk / Issue
PRO	PERTY & PR	ROCUREMENT M.	ANAGEMENT	SECTION (PPMS) W	ITH BIDS & A	WARDS COMMI	TTEE :	SECR	ETARIAT	(BAC-SECT)							
3	-do-	-do-	-do-	No external provider complied with the requirements	Prolonge d procurem ent process	Review the requirements as to specs and cost	3	2	6	МН	Conduct market study / analysis	End-user	As needed				
4	-do-	-do-	-do-	Late submission of Purchase Request (PR) and revised (PR) after pre- procurement conference	Constrai nt in time in case the requeste d item is urgently needed; prolonge d bidding process	Follow up end-user; suggest better procurement plan	2	3	6	MH	Issuance of Memo	BAC Sect	As needed				
5	Conduct of pre- bid conferen ce	All year round	Internal	Non-familiarity of end-user to the technical specifications indicated in PR	End-user caught off guard on the technical specs	Issuance of bid bulletin	1	2	2	L.							
6	Posting of ITB, NOA & NTP	All year round	Internal / External	Poor internet connection; slow system of PhilGEPs	Violation of R.A. 9184 in posting requirem ents	Report to MIS; use other connection; home-based posting; coordinate with PhilGEPs	2	3	6	MH	Increase band width	PMISD-MIS	As needed				

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		RISK / ISS	UE IDENTIFIC	ATION AND EVALUA	ATION			RIS	SK ASSESS	SMENT	RI	SK TREATMENT		RI	SK REDUCTION A	AND IDENTIFI	CATION OF
No	Process/ Activity	Requirement / Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Numbe r (RPN)	Risk Acceptabil ity Rating (RAR)	Recommend ed Additional Control	Responsible	Implement ation Date	Plan of Action Taken	Actual Implementati on Date	Status (Open/Clo sed/ Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/VH	RISK CONT	ROL AND MANA	AGEMENT		Verification Take		Addressed Risk / Issue
PRO	PERTY & PR	OCUREMENT MA	ANAGEMENT	SECTION (PPMS) W	ITH BIDS & A	WARDS COMMIT	TEE	SECR	ETARIAT	(BAC-SECT)							
6	Evaluatio n of bids	All year round	Internal / External	Veracity of the submitted documents by the external providers	Disqualification of supplier; re-process of procurem ent activities	Ocular inspection by the BAC- TWG; verification of submitted documents	1	3	3								
7	Purchasi ng of goods /services	All year round	Internal	Insufficient funding (ABC lower than provider's quotation	No external provider will submit quotation	Source out information from the market, internet and media	2	1	2								
8	-do-	-do-	Internal	Inadequate statement of requirements or brand name preferences	Violation of RA 9184 as to brand name	Source out information; benchmark to other R&D institutions	1	2	2	L.							
9	Purchasi ng of goods /services	All year round	Internal / External	Terms and conditions unacceptable	Increase in cost	Include terms and conditions in the PR and quotation	1	3	3								
10	-do-	-do-	Internal / External	Insufficient number of bidders or no response from known accredited external providers	Failed bid; re- process procurem ent activities	Source out from non- PhilGEPs accredited with government permits	2	3	6	МН	Issue Request for Quotation	Divisional canvasser	As needed				

		RISK / ISS	UE IDENTIFIC	ATION AND EVALU	ATION			RIS	SK ASSESS	SMENT	RI	SK TREATMENT		RI	SK REDUCTION OPPO	AND IDENTIFIC	CATION OF
No	Process/ Activity	Requirement / Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Numbe r (RPN)	Risk Acceptabil ity Rating (RAR)	Recommend ed Additional Control	Responsible	Implement ation Date	Plan of Action Taken	Actual Implementati on Date	Status (Open/Clo sed/ Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/VH	RISK CONT	ROL AND MANA	AGEMENT		Verification Tak		Addressed Risk / Issue
PRO	PERTY & PR	OCUREMENT MA	ANAGEMENT	SECTION (PPMS) W	ITH BIDS & A	AWARDS COMMIT	TEE	SECR	ETARIAT	(BAC-SECT)							
11	-do-	-do-	External	Offer fails to meet technical specifications	Unaccept able good / services; non- complian t	Request for brochure and its complete specifications before awarding the contract	2	3	6	МН	Benchmark to other R&D institutions to meet technical specification s	End-user	As needed				
12	-do-	-do-	Internal	Selecting an inappropriate / bogus external provider	No guarante e of delivery; no after sales	Conduct background check on the company; get feedback from other client; request for business permit	1	2	2								
13	-do-	-do-	Internal / External	Variations in price and specifications	Extensio n of delivery / cancellati on of contract	Validate quotation prior to awarding	1	2	2								
14	Purchasi ng of goods / services	All year round	External	Commencement of work by the external provider before approval of contract	COA observati on to possible notice of disallowa nce	No issuance of unsigned / unapproved PO/WO	1	3	3								

				ATION AND EVALUA	450000			RIS	SK ASSES		RIS	SK TREATMEN	r)	RI	SK REDUCTION OPPO	AND IDENTIFIC	CATION OF
No	Process/ Activity	Requirement / Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Numbe r (RPN)	Risk Acceptabil ity Rating (RAR)	Recommend ed Additional Control	Responsible	Implement ation Date	Plan of Action Taken	Actual Implementati on Date	Status (Open/Clo sed/ Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/VH	RISK CONT	ROL AND MANA	AGEMENT		Verification Tak		Addressed Risk / Issue
PRO 15	PERTY & PR	All year round	External	Fraud / misrepresentatio n of facts	Violation of RA 9184; terminatio n of contract	Further validation and verification of submitted documents; source out information from other company	1	SECR 3	3	(BAC-SECT)							
16	-do-	All year round	Internal	Key personnel / signatories not available	Impede cycle time; prolonge d procurem ent process	Assign alternate signatory in the absence of primary signatory	1	2	2	L							
17	Inspectio n of goods delivered	All year round	Internal	Unavailability of inspector	Delay in inspection, commission ing and testing; warranty will lapse; delay processing of payment to external provider	Increase pool of inspectors	3	2	6	МН	Request for detailed inspector in PPMS (for small value procurement)	R. Deluta	2020				

		RISK / ISS	UE IDENTIFIC	ATION AND EVALUA	ATION			RI	SK ASSES	SMENT	RIS	SK TREATMENT		RI	SK REDUCTION / OPPO	AND IDENTIFI PRTUNITES	CATION OF
No	Process/ Activity	Requirement / Expectation	Risk Origin/ Intereste d Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Numbe r (RPN)	Risk Acceptabil ity Rating (RAR)	Recommend ed Additional Control	Responsible	Implement ation Date	Plan of Action Taken	Actual Implementati on Date	Status (Open/Clo sed/ Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/VH	RISK CONTI	ROL AND MANA	AGEMENT		Verification Take		Addressed Risk / Issue
REC	ORDS MANA	GEMENT SECTI	ON (RMS)														
1	Dissemin ation of ITDI / documen ts communi cations	All year round	Internal	Lack of vehicle for hand carried and mailing documents	Delay in delivery of official documen ts to the recipient	Early request for official vehicle	3	2	6	МН	Request for e- bike	M. Regonda	2020				
2	-do-	-do-	Internal	Insufficient and long process for request of stamp	Delay in delivery of official documen ts to the recipient	Prioritize mailing of documents as to the importance / urgency; Early preparation of DV and supporting for the replenishme nt of stamp	3	2	6	MH	Send advance copy through fax or email	A. Taywan	As needed				
3	-do-	-do-	Internal	Documents are not properly signed / lack of supporting documents	Delay in delivery of official documen ts to the recipient	Check thoroughly the completene ss of document	3	2	6	МН	Issue checklist	M. Regonda	As needed				
4	-do-	-do-	External	Poor internet connection	Slow transmitt al of documen ts through email	Send documents through other means like fax / LBC / registered mail, if urgent	1	3	6	1							

Document Code: ITDI-ROIES-01 Issue Date: January 2019

		RISK / ISSI	JE IDENTIFIC	ATION AND EVALUA	ATION			RI	SK ASSES	SMENT	RI	SK TREATMENT		RI	SK REDUCTION A	AND IDENTIFIC	CATION OF
No ·	Process/ Activity	Requirement / Expectation	Risk Origin/ Intereste d Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Numbe r (RPN)	Risk Acceptabil ity Rating (RAR)	Recommend ed Additional Control	Responsible	Implement ation Date	Plan of Action Taken	Actual Implementati on Date	Status (Open/Clo sed/ Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/VH	RISK CONT	ROL AND MANA	AGEMENT		Verification Tak		Addressed Risk / Issue
REC	ORDS MANA	GEMENT SECTI	ON (RMS)														
5	Dissemin ation of ITDI / documen ts communi cations	All year round	Internal	Wrong / incomplete address and addressee	Delay in delivery of official documen ts to the recipient	Early request for official vehicle	1	3	3								
6	Retrieval of records / documen ts	-do-	Internal	Wrong classification / labelling of documents	Misplace d / lost records or documen ts	Proper classificatio n pursuant to RA 9470, Guidelines on Records Creation, Mail and File Administrati on	1	3	3								
7	-do-	-do-	Internal	No proper labelling on old files; location of old files cannot be ascertained	Prolonge d to no retrieval of records	Check all folders related to the file to be retrieved; study and familiarize with the system used in filing by previous employee	2	3	6	МН	Conduct inventory of records	M. Regonda	2020				

		1000		ATION AND EVALU	ATION			RIS	SK ASSES	SMENT	RIS	SK TREATMENT		RI	SK REDUCTION A	AND IDENTIFIC	CATION OF
No	Process/ Activity	Requirement / Expectation	Risk Origin/ Intereste d Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Numbe r (RPN)	Risk Acceptabil ity Rating (RAR)	Recommend ed Additional Control	Responsible	Implement ation Date	Plan of Action Taken	Actual Implementati on Date	Status (Open/Clo sed/ Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/VH	RISK CONT	ROL AND MANA	GEMENT		Verification Take	And the property and the second	Addressed Risk / Issue
REC	ORDS MANA	GEMENT SECTION	ON (RMS)														
8	Filing of records	All year round	Internal	Lack of storage room / filing of cabinet	Loss of records; can be stolen by other intereste d parties and might fall in the wrong hand	Dispose old files to make room for permanent / important files	2	3	6	МН	Request for additional filing cabinet	M. Regonda	2020				



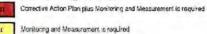
### **RISK AND OPPORTUNITIES IDENTIFICATION AND EVALUATION SHEET**

## CHEMICALS AND ENERGY DIVISION

- Assessment Rating Guide:
  Probability:
  3 (High, 20.8 to 1.0 occurrence)
  2 (Medium, ≥0.4 to < 0.8 occurrence)
  1 (Low, (0.1 to < 0.4 occurrence)

- Severity: 3 (High, ≥0.8 to 1.0 Major) 2 (Medium, ≥0.4 to < 0.8 Moderate) 1 (Low, (0.1 to < 0.4 Minor)

### Risk Acceptability Rating Indicators:





Date of Ass	essment:	Prepared/Asse	essed by:			Reviewed by:	App	rovec	by:		Next Date of Assessment:			Legend: L=	Low (1-3), MH = Mediu	m High (4-6),	
January 2,	2020			· Conon Ing		RMG Head			DICIDIVISION	n Chief	January 4, 2020			VH	= Very High (7-9)		
		RISK / ISSUE IDEN	ITIFICATION A	AND EVALUATION				R	SK ASSES	SMENT		RISK TREATME	NT TW	RISK REDI	ICTION AND IDENT	FICATION OF OP	PORTUNITES
No.	Process/ Activity	Requirement/ Expectation	Risk Origin/ Interested Parties	Potential Risk /	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/VH	RISK CON	TROL AND MAI	NAGEMENT		Verification of	Action Taken	Addressed Risk/lesue

RM- R&D/OpR- CED-01 PM-ITDI-08-03 implementation of Regular Approved R&D Projects	Implement 90% of approved R&D project activities based on agreed duration	Project Staff/End- User Internal	Unexpected breakdown of equipment	Medium	- Regular preventive maintenance (EMS, ITDI F20; EMR, ITDI F19) - Seek assistance from other division with know-how/skill/ expertise on specific equipment - source out other institutions with available equipment - Contact the equipment supplier for service and	1	1	1		- Propose projects for GIA funding to include equipment maintenance in the LIB	Project Leader	January 2020	- GIA project proposal with inclusion of equipment maintenance in the LIB			Purchase new equipment
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Document Code: ITDI-ROIES-01



Date of Assessment:

### RISK AND OPPORTUNITIES **IDENTIFICATION AND EVALUATION SHEET**

### CHEMICALS AND ENERGY DIVISION

Reviewed

by:

Approved by:

- Assessment Rating Guide;
  Probability:
  3 (High, ≥0.8 to 1.0 occurrence)
  2 (Medium, ≥0.4 to < 0.5 occurrence)
  1 (Low, (0.1 to < 0.4 occurrence)

Next Date of

Assessment:

- Severity: 3 (High, ≥0.8 to 1.0 Major) 2 (Medium, ≥0.4 to < 0.8 Moderate) 1 (Lew, (0.1 to < 0.4 Minor)

### Risk Acceptability Rating Indicators:

Corrective Action Plan plus Monitoring and Measurement is required



Monitoring and Measurement is required



No Action is required

Legend: L = Low (1-3), MH = Medium High (4-6),

January 2, 2			Divisional Doc	cument Custodian		RMG Head			DIC/Divisio		January 4, 2020				Vary High (7-9)		
No.	Process/	Requirement	Risk	AND EVALUATION Potential Risk /	Impact	Current	Alle	RI	SK ASSES Risk	Risk	Recommended	Responsible	Implementation	Plan of	Actual	Status	Opportunities
	Activity	Expectation	Origin/ Interested Parties	lasue		Control	Probabili	Severity	Priority Number (RPN)	Acceptability Rating (RAR)	Additional Control		Date	Action Taken	Implementation Date	(Open/Closed/ Hold)	
			Internal / External				P	S	P*S	L/MH/VH	RISK CON	TROL AND MAI	NAGEMENT		Verification of	Action Taken	Addressed Risk / Issue
RM- R&D/CoR- CED-01	PM-ITDI-08-03 Implementation of Regular Approved R&D Projects	Implement 90% of approved R&D project activities based on	Project Staff/End- User Internal	Uncertainty in the accuracy/reliability of result of measuring equipment	Medium	quotation -Request for transfer of ownership (if equipment bought through GIA or other funding institutions) - Availability of supply of consumables (include 1 year supply) - Availability/ allocate budget for supply of consumables - Regular calibration (Equipment Calibration Plan, ITDI F7; EMR, ITDI	1	1	1		- Propose projects for GIA funding to include equipment calibration in the	Project Leader	January 2020	- GIA project proposal with inclusion of equipment maintenance			Purchase new equipment

Document Code: ITDI-ROIES-01

Prepared/Assessed by:

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### **RISK AND OPPORTUNITIES IDENTIFICATION AND EVALUATION SHEET**

### CHEMICALS AND ENERGY DIVISION

Assessment Rating Guide:
Probability:
3 (High, ≥0.8 to 1.0 occurrence)
2 (Medlum, ≥0.4 to < 0.6 occurrence)
1 (Low, (0.1 to < 0.4 occurrence)

Severity: 3 (High, ≥0.6 to 1,0 Major) 2 (Medium, ≥0.4 to < 0.8 Moderate) 1 (Low, (0.1 to < 0.4 Minor)

Risk Acceptability Rating Indicators:

Corrective Action Plan plus Monitoring and Measurement is required

Monitoring and Measurement is required No Action is required

Date of Ass	essment:	Prepared/Asse	ssed by:			Reviewed by:	App	prove	d by:		Next Date of Assessment:	1 (Low, (0.1 to <	0.4 Minor)	Legend: L=	Low (1-3), MH = Mediu	ım High (4-6),	
January 2,			ivisional Doc	Com on Sweg	1	RMG Head			OIC/Divisio	11 211121	January 4, 202				= Verv High (7-9)		
W-				AND EVALUATION	Linnan			R	ISK ASSE			ISKTREATMEN			CTION AND IDENT		
No.	Process/ Activity	Requirement/ Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)		Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Glosed/ Hold)	Opportunities
			Internal / External				P	S	P'S	L/MH/VH	RISK CONT	TROL AND MAN	AGEMENT		Verification of	Action Taken	Addressed Risk / Issue
		duration				- Availability/ allocate sufficient funds for calibration											
RM- CoR/EA- CED-01	Energy Audit/ Assessment	Submission of report within three months	EA Team/ EA client Internal	Incomplete data to finish EA report thus submission is beyond three months	Medium	Monitoring report submission	1	1	1		Submission of EA report for DOST Regional Offices with numerous clients will be extended beyond 3 months but should be agreed upon by EA Team & DOST Regional Office		January 2020	-Training of Regional Staff in energy auditing & report preparation			-Training of Regional Staff in energy auditing & report preparation

Document Code: ITDI-ROIES-01

### **RISK AND OPPORTUNITIES IDENTIFICATION AND EVALUATION SHEET**

# ENVIRONMENT AND RIOTECHNOLOGY DIVISION

		ENVI		IDENTIFICA MENT AN							ISION	Assessment Rati Probability: 3 (High, ≥0.8 to 2 (Medium, ≥0.4 occurrence)	1.0 occurrence)	MI	Corrective Action Plan prequired  Monitoring and Measure		
Date	of essment:	Prepared/Asse	essed by:		Reviewed I	by:	App	orove	d by:		Next Date of Assessment:	1 (Low, (0.1 to -	0.4 occurrence)		No Action is required  L = Low (1-3), MH:	- Madium High	(4.6)
Jan.	3, 2020	Divisio	nal Documen	t Custodian	RM	IG Head			Division (	Chief	Jan. 3, 2021	3 (High, ≥0.8 to 2 (Medium, ≥0.4 Moderate) 1 (Low, (0.1 to 4	to < 0.8		<b>VH</b> = Very High (7-9)		(4-0),
		RISK / ISS	UE IDENTIFIC	ATION AND EVALUA	ATION			RIS	SK ASSES	SMENT	RI	SK TREATMEN		Ri	SK REDUCTION A	ND IDENTIFI	CATION OF
No	Process/ Activity	Requirement / Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implement ation Date	Plan of Action Taken	Actual Implementati on Date	Status (Open / Closed/ Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/VH	RISK CONT	ROL AND MAN	AGEMENT		Verification Take		Addressed Risk / Issue
			Natural phenome na External	Safety of staff and equipment are compromised since some EBD Buildings are on top of a seismic fault	Compro mised safety of staff and damage to equipme nt	Treat/Mitigate	3	3	9	VΗ	Staff Relocation Building Renovation Plan	WMS Division Chief; DCV	November 2019	Staff re- located Renovati on plan prepared	August 2018  December 2019	Closed	Risk Addressed  To be addressed once renovation starts
			Internal	Unavailability of upgraded facilities	Not attaining 90% of targeted R&D activities	Treat/Mitigate	2	3	6	MH	Modernize equipment and facilities	Division Chief; Section Heads	July to Dec 2019	Proposa I preparat ion	December 2019	Closed	Risk Addressed
	DM ITD		Internal	Inability to sustain adequate knowledge management	Not attaining 90% of targeted R&D activities	Treat/Mitigate	2	3	6	MH	Develop proper documentati on protocols	Division Chief; Section Heads	December 2019	Updatin g of WI; Staff dev; success ion plan	December 2019	Open	Needs further action

Risk Acceptability Rating Indicators:

Corrective Action Plan plus Monitoring and Measurement is required

Form: RM-ITDI-F2 Issue: Apr. 2018



# Department of Science and Technology INDUSTRIAL TECHNOLOGY DEVELOPMENT INSTITUTE

# **RISK MANAGEMENT REGISTER**

Date Prepared:	
Date I Topalca.	

Page 1 of 2

		RISK ASS	ESSMENT													
	ep 1: Risk ntification		2: Risk alysis		p 3: Risk aluation		Ste	p 4: Risk Treatment				Step 5:	Monitorin	g & Evaluation		
		Prob	Impact		Priority	TREATMENT						ation of atment				Documente
Risk Code	Risk Statement	H(3) / M(2) / L(1)	H(3)/ M(2) / L(1)	Risk Factor	Ranking	(Accept / Mitigate / Transfer /	Objective	Action Plan	Responsible Person	Timeline	Effective	Ineffective	Result	Opportunities , if applicable	Action Plan if Ineffective	Information
					(Treatment)	Terminate)										
	Low level of customer awareness about EBD and its capabilities	3	3	н	1	Mitigate	increase customer awareness level	more active participation in techno-transfer / promotional activities; utilization of social media for promotion and dissemination; regular updating of EBD Website	Division Chief; Section Heads; Info & Comm Group; Webmaster	Jan to Jun 2020						
	Lapses in QMS	3	3	н	2	Mitigate	Reduce lapses in QMS	Review and identify lapses in QMS; monitoring of QMS	All staff	Jan to Jun 2020						
	Some facilities located on top of fault that compromising safety of staff and integrity of buildings and equipment	3	3	Н	3	Mitigate	Reduce exposure to natural hazards	Implement repair and renovation plan	All EBD Staff	Jan to Dec 2020						

Prepared by:	Reviewed by:	Approved by:
8-20	(4)	/m
CANDY S. VALDECAÑAS	DANTE C. VERGARA	REYNALDO L. ESGUERRA

Form: RM-ITDI-F3 Issue: Apr. 2018



# Department of Science and Technology INDUSTRIAL TECHNOLOGY DEVELOPMENT INSTITUTE

## **RISK MANAGEMENT REGISTER**

	4.1		
Date Prepare	J.		

Page 2 of 2

	RISK ASS	SESSMENT					az constanto								
: Risk cation						Step	4: Risk Treatment				Step 5:	Monitoring	g & Evaluation		
	Prob	Impact		Priority	TREATMENT										Documente
Risk Statement	H(3) / M(2) / L(1)	H(3)/ M(2) / L(1)	Risk Factor	Ranking	(Accept / Mitigate /	Objective	Action Plan	Responsible Person	Timeline	Effective	Ineffective	Result	Opportunities , if applicable	Action Plan	Information
				(Treatment)	Terminate)										
										7					
C	Risk ation	Risk Step An Prob Risk H(3) / M(2) /	Risk H(3) / H(3) / M(2) / L(1)	Risk atton	Risk Analysis Step 3: Risk Evaluation  Prob Impact Priority  Risk H(3) / H(3) / M(2) / L(1)  Risk Statement L(1)  Risk Factor  Risk Factor  (Treatment)	Risk ation Analysis Evaluation  Prob Impact Priority H(3) / H(3) / M(2) / L(1) Factor  Risk tatement L(1) Factor  Risk (Accept / Mitigate / Transfer / Terminate)	Risk ation Analysis Evaluation  Prob Impact Priority H(3) / H(3) / H(2) / L(1) Factor  Risk tatement L(1) Factor  Risk (Treatment) Factor  Risk (Treatment) Factor  Risk (Treatment) Factor  Step 3: Risk (Evaluation) Factor  Priority (Accept / Mitigate / Transfer / Terminate)	Risk ation Analysis Evaluation  Prob Impact H(3) / H(3) / M(2) / L(1) Factor (Treatment)  Risk statement L(1) L(1) Factor (Treatment)  Risk read (Risk Factor)  Risk Factor (Treatment)  Step 4: Risk Treatment (Accept / Mitigate / Transfer / Terminate)	Risk Analysis Step 3: Risk Evaluation  Prob Impact H(3) / H(3) / M(2) / L(1) L(1) Risk Factor  Risk Step 4: Risk Treatment Step 4: Risk Treatment Market Step 4: Risk Treatment Step 4:	Risk ation Prob Impact H(3) / H(3) / M(2) / L(1) L(1) Risk Factor Treatment (Treatment) Risk (Treatment) Responsible (Tr	Risk ation Prob Impact Priority H(3) / H(2) / L(1) Risk Factor Treatment (Treatment)  Risk tatement (Treatment)  Risk (Treatment)  Step 4: Risk Treatment Step 4: Risk Treatment  Step 4: Risk Treatment  Step 4: Risk Treatment  TREATMENT (Accept / Mitigate / Transfer / Terminate)  Objective Action Plan Responsible Person Timeline  Effective	Risk ation Analysis Evaluation  Prob Impact H(3) / M(2) / L(1) H(3) / M(2) / L(1) Treatment)  Risk statement (Treatment)  Step 4: Risk Treatment Step 5:  Step 4: Risk Treatment Objective Action Plan Responsible Person Timeline  Responsible Person Timeline  Treatment  Step 5:  Action Plan Responsible Person Timeline  Fifective Ineffective Ineffective	Risk Analysis Step 3: Risk Evaluation  Prob Impact H(3) / H(3) / M(2) / L(1) L(1) Risk Factor  Risk Step 4: Risk Treatment  Step 4: Risk Treatment  Step 5: Monitoring Step 5: Monitorin	Risk Analysis Evaluation  Prob Impact H(3) / M(2) / L(1)	Risk Analysis Evaluation  Prob Impact H(3) / H(3) / M(2) / L(1) L(1) Factor  Risk Step 2: Risk Evaluation  Prob Impact H(3) / M(2) / M(2) / L(1) L(1) Factor  (Treatment)  Risk Factor  TREATMENT (Accept / Mitigate / Transfer / Terminate)  Objective Action Plan Responsible Person  Responsible Person  Timeline  Timeline  Step 5: Monitoring & Evaluation  Step 5: Monitoring & Evaluation  For District Plan if Ineffective  Result Opportunities (if applicable if Ineffective)  Action Plan if Ineffective

Prepared by:	Reviewed by:	Approved by: /
8-20		In
CANDY SCVALDECAÑAS	DANTE C. VERGARA	REYNALDO L. ESGUERRA

Form: RM-ITDI-F3 Issue: Apr. 2018



Date of

Prepared/Assessed by:

### **RISK AND OPPORTUNITIES IDENTIFICATION AND EVALUATION SHEET**

# FINANCIAL MANAGEMENT DIVISION

accounts

Assessment Rating Guide: Probability: 3 (High, ≥0.8 to 1.0 occurrence) MI 2 (Medium, ≥0.4 to < 0.8 occurrence) 1 (Low, (0.1 to < 0.4 occurrence) Reviewed by: Approved by: Next Date of Severity:

Asse	essment:	1 / opai ou// tooo				Noviewed by:	, Api	provo			Assessment:	3 (High, ≥0.8 to 2 (Medium, ≥0.4	1.0 Major)	Legend	L = Low (1-3), MH =	Medium High (	1-6),
Jan.	3, 2019		Divisional D	ocument Custodia	an	RMG Head			Division (	Chief	Jan. 3, 2020	Moderate) 1 (Low, (0.1 to <			<b>VH</b> = Very High (7-9)		
		RISK / ISS	UE IDENTIFIC	ATION AND EVAL	UATION			R	ISK ASSES	SSMENT	RIS	K TREATMENT		RI	SK REDUCTION AN	ID IDENTIFICA	TION OF
No	Process/ Activity	Requirement/ Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implement ation Date	Plan of Action Taken	Actual Implementation Date	Status (Open /Closed/ Hold)	Opportuniti es
			Internal / External				P	S	P*S	L/MH/VH	RISK CONTI	ROL AND MANA	GEMENT		Verification of A	ction Taken	Addressed Risk / Issue
ACC	OUNTING SECT	ION AS)															
1	Issuing Statement of Account	All year round	Internal / External	Unsettled account	Accumulation of Receivables Account in the book of accounts	Issue demand Letter after 30 days of no payment	1	2	2		Strictly follow the set of guidelines of non-issuance of result until services rendered is fully paid	Accounting Section ADMATEL					
2	-do-	All year round	Internal / External	Delinquent account	Accumulation of Receivables Account in the book of accounts	Regular monitoring; issuance of another demand letter and one final demand letter; suspension from further availing of services until settlement of overdue	1	1	1		Issue demand letter to clients with outstanding accounts						

Document Code: ITDI-ROIES-01

Issue Date: January 2019

Risk Acceptability Rating Indicators:

No Action is required

Corrective Action Plan plus Monitoring and Measurement is

Monitoring and Measurement is required

				ICATION AND EVALU	IATION			R	SK ASSES	SMENT		RISK TREATME	VT	RISK RED	UCTION AND IDENT	IFICATION OF O
No	Process/ Activity	Requirement/ Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)
			Internal / External				P	S	P*S	L/MH/VH	RISK COM	TROL AND MA	NAGEMENT		Verification of	Action Taken
ACC	OUNTING SECT	ION AS)														
3	-do-	All year round	Internal / External	Cannot locate the address or the addresee	Demand letter are returned to sender	Request for Write-off for bad accounts	2	1	2	<u>.</u>	Request for write-off					
4	Processing of financial transactions	-do-	internal / External	Incomplete supporting documents	3 days delay of processing	Reiteration of ITDI memorandu m on COA Circular re: List of supporting documents	2	1	2		Review completeness and correctness of supporting documents and signatures	End- user/PPMS				
5	-do-	-do-	External	No record of Tax Identification Number (TIN)	2 days delay of processing time	compel BAC to check TIN in the submitted canvass quotations	1	1	1							
6	-do-	-do-	Internal	Incorrect computation	2 days delay of processing time	Compel PPMS to exercise due diligence	1	1	1							
BUD	GET SECTION (															
1	Allotment for the budgetary requirement of ITDI	All year round	Internal	Activities not included in the approved list of project	4 days delay of processing time	Require PMISD to furnish updated list of projects	1	3	3							
2	-do-	All year round	Internal	Request not in accordance with prescribed rules and regulation	3 days delay of processing time	Reiteration of ITDI memorandum on COA circular re: list of supporting documents	2	1	2							

				ICATION AND EVALU				R	SK ASSES	SMENT		RISK TREATMEN	NT	RISK RED	UCTION AND IDEN	TIFICATION OF OP
No .	Process/ Activity	Requirement/ Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control		Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)
			Internal / External				Р	S	P*S	L/MH/VH	RISK CON	TROL AND MAI	AGEMENT		Verification of	Action Taken
BUD	GET SECTION	(BS)														
3	-do-	All year round	Internal	Incomplete supporting documents	3 days delay of processing time	Reiteration of ITDI memorandu m on COA Circular re: List of supporting documents	2	1	2							
4	Budget Proposal	All year round	Internal	Overestimate of Budget / TIER2	Non-approval of budget estimates	Completion of forward estimates; strict adhere to DBM Circular on Forward Estimates Exercise due diligence in accomplishin g BF forms; conduct of planning workshop every quarter of the year	2	1	2	<b>L</b>						
5	-do-	All year round	Internal	Poor internet connection during online submission of budget proposal	Delayed online submission of budget proposal	Provide fast internet ; increase in band width	1	2	2							

				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		OPPORTUNI ND EVALU			SHEET	(		Assessment Ratin Probability: 3 (High, ≥0.8 to 1 2 (Medium, ≥0.4 1 (Low, (0.1 to <	.0 occurrence) to < 0.8 occurrence)	XIII Correc	ability Rating Indica	oring and Measurement	is required
Date	of Assessment:	Prepared/Asse	ssed by:			Reviewed by:	App	orove	d by:		Next Date of Assessment:	Severity: 3 (High, ≥0.8 to 1			oring and Measurement is retired	equired	
Jan.	. 2, 2020	C	Bivisional Docu	L ment Custodian		RMG Head	,	4/	Division	Chief	Jan. 4, 2021	2 (Medium, ≥0.4 1 (Low, (0.1 to <	to < 0.8 Moderate)	-	end: L = Low (1-3), MH VH = Very High (7-		6),
		RISK/ISS	SUE IDENTIFICATION	ON AND EVALUA	TION			F	ISK ASSES	SMENT	F	ISK TREATMEN		RISK REDI	ICTION AND IDENT	IFICATION OF OF	PORTUNITES
No.	Process/ Activity	Requirement/ Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control		Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)	Opportunities
			Internal / External				P	8	P*S	L/MH/VH	RISK CON	TROL AND MAN	AGEMENT		Verification of	Action Taken	Addressed Risk / issue
1	Provision of Technical Services	Process cycle time – All year round	Internal	Unexpected breakdown of equipment or facility	Delays on the implementation of technical services	Preparation and implementation of equipment preventive maintenance and / or calibration plan	2	3	6	МН	Make a list of suppliers/external providers for equipment and the critical parts of the equipment	Equipment custodian	October 2019				
2	Provision of Technical Services	Process cycle time – All year round	Internal/External	Unavailability of personnel due to study leave, absences, health-related issues, multi- tasking and/intervening duties	Delays on the implementation of technical services	Creation of FPD teams for each technology transfer activity. Proper designation and schedule of personnel for specific activities. Monitoring of the activities of each staff.	1	2	2								
3	Provision of Technical Services	All year round	Internal/External	Discontinuation of technical service(s) due	Knowledge gaps and loss of clients and	Knowledge transfer for concerned team.	1	2	2								

				to lack of expert(s)	services offered	Attendance to trainings and seminars										11 9	
4	Implementation of Approved Regular R&D Projects	Process cycle time – All year round	Internal	Unexpected breakdown of equipment or facility	Delays on project implementation	Preparation and implementation of equipment preventive maintenance and / or calibration plan	3	3	9		Make a list of suppliers/external providers for equipment and the critical parts of the equipment  Preparation of GIA equipment preventive maintenance and list of equipment for transfer	Equipment custodian Project Leader	October 2019  January 2020	Prepared preventive maintenance of equipment and prepared list of equipment for transfer	January 2020	Open	Purchase of new equipment as a reptacement for outdated equipment
5	Implementation of Approved Regular R&D Projects	Process cycle time - All year round	External/Internal	Unavailable, seasonal and/or off- specification raw material(s)	Delays on project activities	Availability of raw materials and its source are being considered during project planning and before the project implementation. Duration of the projects are set during peak season of the raw materials. Identification of at least 2 possible suppliers of target raw material (s) prior to project implementation	2	3	6	МН	Coordination with regional and provincial government agencies (e.g. DA, DTI, BPI, etc) to source out raw materials especially in times of natural calamity	Project Leader and Staff	January 2020				
6	Implementation of Approved Regular R&D Projects	Process cycle time – All year round	Internal/External	Unavailability of personnel due to study leave,	Delay or termination of project(s)	Proper designation of personnel for specific	1	2	2								17-1

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				absences, health-related issues, multi- tasking and/intervening duties		activities. Monitoring of the activities of each staff.									
7	Implementation of Approved Regular R&D Projects	Monthly	Internal	Depleted cash advance	Delays on project implementation	Allotment of petty cash or every replenishment as per needs of every project	2	1	2						
8	Implementation of Approved Regular R&D Projects	Project Planning	Internal	Unexpected results vs theoretical targets	Project objective(s) not met	Conduct technical review evaluation/ Routine monitoring of experimental data	2	2	4	МН	Conduct preliminary runs/experiment if necessary	Project Leader and staff	January 2020		
9	Implementation of Approved Regular R&D Projects	All year round	Internal/External	Poor teamwork among project staff; Uncooperative staff	Delays/Unmet targets	Conduct annual team building activities	1	2	2	10					
10	All Processes	All year round	Internal/Internal	Safety risk posed on personnel because of exposure to chemical hazards	Health problems	Observe Good Laboratory Practices Conduct scheduled segregation and disposal of chemical wastes	1	3	3	L.					
11	All Processes	No injuries and casualties during calamities	Internal/Internal	Safety risk posed on personnel due to calamities such as fire, typhoon and earthquake	Loss of personnel	Form Disaster Management Committee -Participate in national drills	1	3	3						

Document Code: FPD-ROIES-01 Issue Date: January 2019

	Department of Science and Technology INDUSTRIAL TECHNOLOGY DEVELOPMENT INSTITUTE	DOCUMENT CODE	RM-ITDI-06-03
100	Diel Manadement Manual	REVISION NUMBER	1
	Risk Management Manual	PAGE NUMBER	1 of 2
SECTION	RISKS AND OPPORTUNITIES	EFFECTIVITY DATE	02 April 2018
TITLE	RISK MANAGEMENT REGISTER	DOCUMENT TYPE	PAPER / PDF FILE

		RISK ASSE	SSMENT				Ste	p 4: Risk Treatme	nt			Step	5: Monitoring &	& Evaluation		Documente Information
	p 1: Risk tification	Step 2: Analys			p 3: Risk alustion											mormation
Risk Code	Risk Statement	Probability	Impact	Risk Factor	Priority	TREATMENT	Objective	Action Plan	Responsible Personnel	Timeline		ation of stment		Opportunities, if applicable	Action Plan, if	
		H(3) / M(2) / L(1)	H(3)/ M(2) / L(1)		Ranking	(Accept / Mitigate / Transfer / Terminate)					Effective	Ineffective	Result		Ineffective	
					(Treatment)					/						
RM- R&D- FPD- 01	Delay or termination of project(s) or services because of unexpected breakdown of equipment or facility	2	3	6	1	Mitigate	To prevent delays or termination of project and / or services	Prepare and implement equipment preventive maintenance and / or calibration plan  Make a list of suppliers/external providers for equipment and the critical parts of the equipment	Equipment custodian	Every 1st Qtr		Project delay of a GIA Project due to unexpected breakdown of equipment	-Preparation of Equipment and Preventive Maintenance and Calibration Plan for 2019 were done last January 2019 - As of Dec 2019, there was a Project (GIA) delay due to unexpected breakdown of equipment	Purchase of new equipment as a replacement for outdated equipment	Adjust frequency of preventive maintenance and/or callbration schedule; Source out or change affected activities, if possible	Equipment Preventive Maintenance and / or Calibration Plan; Approved request for project deferment or extension; Approved request for change of project milestones; Purchase request

Prepared by:

MONICA R. MANALO
Divisional Representative,
Risk Management Group

Reviewed /Approved by:

Dr. NORBERTO G. AMBAGAN Chief, Food Processing Division

100	Department of Science and Technology INDUSTRIAL TECHNOLOGY DEVELOPMENT INSTITUTE	DOCUMENT CODE	RM-ITDI-06-03
(0)	Diel Manadomont Manual	REVISION NUMBER	1
	Risk Management Manual	PAGE NUMBER	2 of 2
SECTION	RISKS AND OPPORTUNITIES	EFFECTIVITY DATE	02 April 2018
TITLE	RISK MANAGEMENT REGISTER	DOCUMENT TYPE	PAPER / PDF FILE

					MONITORING AND F	<b>REVIEW (5.6)</b>			
RM- R&D- FPD- 01	3	3	9	1		oject Startir der Januar 2020	- 1		

Prepared by:	Reviewed /Approved by:
	1/1
MONICA R. MANALO	Dr. NORBERTO G. AMBAGAN
Divisional Representative,	Chief, Food Processing Division
Risk Management Group	



# RISK AND OPPORTUNITIES IDENTIFICATION AND EVALUATION SHEET

## MATERIALS SCIENCE DIVISION

1 (Low, (0.1 to < 0.4 occurrence) No Action is required Prepared/Assessed by: Date of **Next Date of** Reviewed by: Severity: Approved by: 3 (High, ≥0.8 to 1.0 Major) 2 (Medium, ≥0.4 to <0.8 Moderate) Assessment: Assessment: Legend: L = Low (1-3), MH = Medium High (4-6), VH = Very High (7-9) 1 (Low, (0.1 to < 0.4 Minor) MIME Jan. 2, 2020 Jan. 2, 2021 Divisional Document Custodian RMG Head **Division Chief** RISK / ISSUE IDENTIFICATION AND EVALUATION RISK ASSESSMENT RISK TREATMENT RISK REDUCTION AND IDENTIFICATION OF **OPPORTUNITES** Process/ Requirement/ Risk Potential Impact **Current Control** Risk Risk Recommended Responsible Implementation Plan of Actual Status Opportunities Expectation Priority Acceptability Activity Origin/ Additional Risk / Issue Probability (Open I Date Action Implementation Severity Rating (RAR) Number Control Closed/ Interested Taken Date (RPN) Hold) **Parties** P L/MH/VH Internal / S P\*S RISK CONTROL AND MANAGEMENT Verification of Action Addressed External Taken Risk / Issue Implementation All year Disruption Internal Failure to > Mentoring junior 2 MH Structured Division Jan. 2, 2020 of approved round sustain Idelay of researchers training plan Chief. regular R&D activities > Attendance to competent Section projects staff trainings and Heads seminars Implementation All year Internal Laboratory Disruption / > Regular preventive 3 of approved maintenance and round testing and delay of regular R&D processing activities calibration projects / equipment > Available list of Provision of malfunction suppliers/service technical providers of spare services breakdown parts Implementation Project Internal Unexpected Project > Monitoring of 3 3 materials/supplies of approved objective(s) planning result(s) vs regular R&D milestone not met > Proper projects implementation of experimental design/processes

Risk Acceptability Rating Indicators:

Assessment Rating Guide:

3 (High, ≥0.8 to 1.0 occurrence)

2 (Medium, ≥0.4 to < 0.8 occurrence)

Probability:

Corrective Action Plan plus Monitoring and Measurement is

Monitoring and Measurement is required

Form: RM-ITDI-F2 Issue: Apr. 2018

## **MATERIALS SCIENCE DIVISION**

## 6.1 ACTIONS TO ADDRESS RISKS AND OPPORTUNITIES

Interested Parties	Requirements	Risks and Opportunities	Action to be Taken	Effectiveness of Actions
External :				
Academe/Students	7			
Industry  Local Government	~ Provision of technical assistance	~ Unmet timely delivery of results due to sample requirements	~ Communication through fax, email, land line phone or mobile phone.	~ Communication achieved
Units (LGU)  Private Individuals	~ Use of testing and processing facilities	~ Change of schedule due to sudden breakdown equipment	~ Communication through fax, email, land line phone or mobile phone.	~ Communication achieved
T Trace marviduals			~ Equipment maintenance	~ Operational equipment
R&D Collaborators	~ MOA ~ Product/output	~Unmet timely delivery of results due to MOA issues	~Communication through fax, email, land line phone or mobile phone.	~Communication achieved
			~Completion of requirements.	~Completed requirements
Suppliers	~ Timely and complete delivery of supplies, materials and equipment.	~ Unmet timely delivery due to limited external providers	~ Expand sources of information from other external providers with government permit.	~No delay in the delivery

			~ Include delivery terms and conditions	
Internal:				
R&D Divisions	~ Provision of technical assistance	~Unmet timely delivery of results due to sample requirements	~ Communication through fax, email, land line phone or mobile phone.	~ Communication achieved
	~ Use of testing and processing facilities	~ Change of schedule due to sudden breakdown equipment	~ Equipment maintenance	~ Operational equipment
PMISD	~Project proposal, LIB, monthly/quarterly and terminal reports	~Unmet timely delivery of results/reports due to material supply.	~Request for extension, submission of change of milestone ~ Expand sources of external providers /suppliers with government permit.	~Approved Request for extension

Form: RM-ITDI-F4 Issue: Apr. 2018

Prepared by:

Marissa A. Paglicawan, Ph.D. Supvg. SRS.
Materials Science Division

					ATION A	PPORTUNI ND EVALUA MISD			SHE	T		Assessment Rati Probability: 3 (High, ≥0.8 to occurrence) 2 (Medium, ≥0.4	1.0	MH Mon	bility Rating Indicators: ective Action Plan plus Monitoring artired itoring and Measurement is required action is required		d is
Date	e of sessment:	Prepared/A	ssessed by:		Reviewed by	y:	App	prov	ed by:		Next Date of Assessment:	1 (Low, (0.1 to <	0.4		Low (1-3), MH = Medium High	(4-6),	
Dec 201	cember 19, 9	Divi	ADORA 1 sional Docum			EE C. DELUTA		DR.	ZORAYI Division	V. ANG Chief	June 30,2020	Severity: 3 (High, ≥0.8 to 2 (Medium, ≥0.4 Moderate) 1 (Low, (0.1 to <	to < 0.8	VH	VH = Very High (7-9)  RISK REDUCTION AND IDENTIFICATION OF OPPORTU		
		RISK / I	SSUE IDENT	IFICATION AND EVAL	UATION			RIS	SK ASSE	SSMENT	RIS	K TREATMENT		RISK REDUC	CTION AND IDENTIFICATIO	N OF OPP	ORTUNITES
No	lo Process/ . Activity	Requirem ent/ Expectati on	Risk Origin/ Intereste d Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Impleme ntation Date	Plan of Action Taken	Actual Implementation Date	Status (Open / Closed/ Hold)	Opportu ities
			Internal / External				Р	S	P*S	L/MH/VH	RISK CONTR	OL AND MANA	GEMENT		Verification of Action	Taken	Address d Risk / Issue
PLA	ANNING																
1	Preparation of Institute's programs and projects aligned with the national and department priorities	All year round	Internal and External	Change in Management/ Leadership and organizational structure	Change in priorities, directions, strategies, programs, activities and projects	Constant monitoring of trends/ changes in the task and macroenviron mnts of the Institute	2	1	2								

2	Preparation of Institute's plans and budget proposals within the prescribed date	All year round	Internal	Failure of Divisions to submit their PAPs (proposals with corresponding budget) within the prescribed date	Institution al targets will not be implement ed as planned	Implementation of control mechanisms: -Memo re submission deadline -DPCR -Constant follow ups	2	3	6	МН	All R&D Divisions And Technical Services Division	February 2020		
3	Monitoring of Institute's programs, activities and projects (PAPs)	All year round	Internal	No available project staff, results and outputs for the project monitoring period	Delayed monitoring of project's progress and correspon ding monitoring report	Schedule quarterly monitoring (announced or unannounced) thru a memorandum	1	2	2					
4	Evaluation of Institute's programs, activities and projects (PAPs)	All year round	Internal	Failure to meet the required quorum of Technical Review Committee (TRC) during the evaluation  TRC Members, division chiefs and project leaders do not attend despite prior confirmation of attendance	Failure assessme nt of Project viability	Advance issuance of yearly schedule of project evaluation through a memorandum  Reschedule the evaluation to conform with the availability of TRC members, division chiefs and project leaders	1	3	3	1				
5	Review of existing and/ or formulation of new organization al policies	As need arises	Internal	Institutional Policy mechanism in place (e.g. Regular Top Management Policy Meeting)	Issues/ Concerns of Employee s including gaps will	Keep systematic record of all policies issued	1	3	3					

				Absence of systematic record management	not be addressed  No available reference of previous policies issued										
7	Implementa tion of approved and Budgeted ISSP	Implemen tation Period (2020- 2022)	Internal / External	Sudden resignation of Contractual IT Staff (Programmers) Funding request not appropriated by DBM	Delayed implement ation of targets (activities and project timeline)	Use of same system development platform	1	3	3	Proper skills development plan for the staff	MIS Section of PMISD	2020			
				Major change of requirements (e.g. addition/ reduction of processes, user privileges and required pages and fields)	Adjustment on the timeline	Use of Rapid Application Design development									



Prepared/Assessed by:

Date of

# **RISK AND OPPORTUNITIES IDENTIFICATION AND EVALUATION SHEET** PACKAGING TECHNOLOGY DIVISION

Reviewed by: Approved by:

Assessment Rating Guide:
Probability:
3 (High, ≥0.8 to 1.0 occurrence)
2 (Medium, ≥0.4 to < 0.8 occurrence)

1 (Low, (0.1 to < 0.4 occurrence)

Next Date of

- Severity: 3 (High, ≥0.8 to 1.0 Major) 2 (Medium, ≥0.4 to < 0.8 Moderate) 1 (Low, (0.1 to < 0.4 Minor)

Risk Acceptability Rating Indicators:

No Action is required

Corrective Action Plan plus Monitoring and Measurement is

Monitoring and Measurement is required

Asse	ssment:		THE PERSON NAMED IN			17.50			dross.		Assessment:	1 (Low, (0.1 to <	0.4 Minor)	Legend: L = Low (1-3), MH = Medium High (4-6), VH High (7-9)	(4.6) VH = Venu		
Jan.	2, 2020			ument Custodian		RMG Head			Division		Jan. 4, 2021			High (7-9)		calain r light	(10), Til- Voly
		27,4000,27574		TION AND EVALU	A 11/1/2			R	ISK ASSES			RISK TREATMEN	NT.	RISK	REDUCTION AN OPPOR	D IDENTIFIC	ATION OF
No.	Process/ Activity	Requirement/ Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementa tion Date	Status (Open /Closed/ Hold)	Opportunities
			Internal / External				P	S	P*S	L/MH/VH	RISK COM	NTROL AND MAN	AGEMENT		Verification Take		Addressed Risk / Issue
. M	anpower	T-	Lice										-				
	PM- ITDI- 08-03 Implement ation of Regular Approved R & D Projects	To implement on schedule 90% of the approved R & D projects and activities	Internal	Unavailability (emergency leave, study leave, resignation)	Delay in conduct of proj. activities	Mentoring another staff or understudy Reassignme nt of project or study to another staff	1	3	3	L .	Submission of schedule/plan of staff (education, travel, retirement or career) Giving of incentives	Division chief, section head, project leaders	Immediate	Provision of under study, proper planning, additional staff			
			Internal	Lack of competence	Low confidenc e level of staff in conductin g research studies	Mentoring or coaching	1	3	3		Attendance to seminars, trainings, conferences Continuous mentoring & coaching	Division chief, researcher/s	Always	Provision of appropriate training, mentoring or coaching			
			Internal	Overload of duties	Delay in implement ation and/or completio n of proj activities	Assign other staff to assist in the implementati on of proj activities	1	2	2	L	Review of staff assignment/s	Div. chief, section head & staff	Always	Review organizatio n of PTD, additional staff, transition			

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2 Cunnari	Internal	Behavioral/atti tude problem Non- compliance to office rules and policies	Delay in the conduct of project activities	Consultation with concerned staff Review of office policies, mandate of the division, mission & vision of the office	1	3	3		Monitoring of daily activities Checking of output	Div. chief, section head, immediate supervisor	-Personal counsellin g -Involving the staff in division's activities - continuous mentoring/ coaching	
2. Support	External	Delay in	Delay in	Check with	1	2	2	5 1 bis	Constant	Division	Deside	
		budget release, bidding & delivery of equipment, materials & supplies	the implement ation of project activities	FMD schedule of budget release		3	3		Constant checking/ follow-up of documents	Division chief, Project leader, Researchers, FMD, Admin	Provide assistance in procureme nt Assist in the inspection of delivered equipment, supplies & materials	
	External	Delay in submission of results from external provider (i.e. testing laboratories)	Delay in evaluation of research data, report writing	Constant communicati on & follow- up	1	3	3		Pick-up test report from external provider	researcher	Constant communic ation & follow-up Pick-up test report from external provider Always check with the external provider schedule of delivery of test results	

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Internal	Unreliable results of analysis due to uncalibrated equipment	Incorrect results of testing and analysis	Constant checking of calibration & equipment maintenance plans	2	3	6	МН	Constant reminder to concerned tech. staff re calibration plan	Researcher, Section head	Early preparation of PR for calibration of equipment Conduct of internal calibration (by accredited tech, staff) as support to external calibration	
Internal	Facilities/labo ratory not properly equipped/limit ed space	Difficulty in conduct of tests or analyses	58	1	3	3		Maintenance of cleanliness & orderliness of laboratory	Div. chief, assigned staff for building maintenance	Plan to upgrade & renovate facilities	

	Power interruption/failure	Delay in operation and conduct of experiment or tests Damaged equipment	Use of generator	1	3	3		Installation of additional generator	Assigned researcher	Q1 2020	Install ation of additi onal gener ator	
--	----------------------------	---	------------------	---	---	---	--	--------------------------------------	---------------------	---------	---	--

	and/or analytical instrument										
Equipment breakdown No available spare parts	Delay in operation and conduct of experiment, tests or trials	Preventive maintena nce, regular calibration Source out equipme nt from other division or testing lab Outsource test from other laboratorial	2	3	6	MH	Provision of spare parts Check- up,operationa I tests & monitoring of equipment	Assigned researcher	Always	Upgra ding of old equip ment Procu remen t of new equip ment	
Difficulty in procurement of chemicals/reagents and/or standards needed for analyses	Delay in analysis of product samples	Constant follow-up from Procurem ent section certificat e from PDEA Regular standardi zation of chemical solution before the analysis	3	3	9	HV	Purchase of sufficient supply of chemical solution	Assigned researcher	Immediate	Acqui re certifi cate from PDEA Purch ase suffici ent suppl y of cheml soluti on	

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Change in priority	due to unexpected unavailability of raw materials	and monitorin g council re change of milestone Submit to PMISD revised workplan	1	3	3	suppliers of raw materials  Div. chief,	Div. chief,	Immediately	workp lan and chang e of milest one Add to docu mente d inform ation List of sourc es for raw matls Consu ltation with munic ipal and provin cial agricu lturist s re other sourc es of raw materi als Modif	
areas (national, DOST, ITDI)	implementation of project activities	roadmap & align align with strat plan & agenda				section heads, proj. leaders	Section heads Researchers		y roadm ap & align align with strat	

												plan & agend a		
power			1					Addition to the same	3					_
To satisfy the packaging needs of 90% of served customers with very satisfactory customer rating		Failed coordination	Delay in implementation of project activities	Documen tation of all communi cation with customer	1	3	3		Appropriate coordination plan, available contact information	Assigned researcher Section head	Immediately			
		Delay in the submission/release of technical report/s or official documents	Low customer satisfactory rating	Documentation of all communication with customer Control of receiving & releasing of customer property using logbooks	1	3	3		Assign alternate signatory in the absence of primary signatory	Assigned researcher	Immediately			
		Miscommunication	Delay in the implementation of proj activities	Monitorin g of feedback, communi cation with customer s	1	2	2	L	Periodic meetings/disc ussion with customer	Assigned researcher Section head	Immediately			
	Internal	Behavioral/attitude problem	Delay in the conduct of project activities	Consultat ion with concerne d staff	1	3	3	L	Monitoring and submission	Div. chief, section head, immediate supervisor	Immediately			

	Non-compliance to office rules and policies		Review of office policies, mandate of the division, mission and vision of the office				of daily activities Regular checking of output			
factors:	Inapproriate record keeping	Incorrect technical report released to customer	Double checking of documen ts released Recordin g of accepted and released documen ts in logbooks	1	3	3	Monitoring of logbooks	Section head, Researcher/s	Regularly	
External	Inconsistent and/or non-complying (micro and chemical) product samples submitted by customer Incomplete samples submitted by customer	Delay in start of study or analysis of product samples	Constant communi cation and consultat ion with customer Checking of prod samples submitte d by customer s	1	3	3		Assigned researcher	Always	

	External	Delay or no feedback received from customers (i.e. label design)	Delay in the completion of label design	Constant follow-up thru letter, email, fax etc.	1	3	3	i.	Meeting with customer	Assigned researcher Section head	Immediately		
	Internal	Equipment breakdown	Delay in operation/project implementation	Strict complian ce to equipme nt maintena nce and calibratio n plans	1	3	3	L	Provision of spare parts	Assigned researcher	Always	Upgra ding of old equip ment Procu remen t of new equip ment	
	External	Power interruption/failure	Delay in operation and conduct of experiment or tests Damaged equipment and/or analytical instrument	Use of generator	1	3	3		Installation of additional generator	Assigned reseache Section head	immediately	Instal lation of additi onal gener ator	
Submissio n of terminal report two months after the project completion	Internal	Unavailability (emergency leave, study leave, resignation)	Delay in conduct of proj. activities	Consultat ion with concerne d staff Review of office policies, mandate of the division, vision &	1	3	3	L	Regular checking/foll ow-up of documents	Div. chief Section head	immediately	Perso nal coun sellin g invol ving the staff in divisi	

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			mission of office								on's activi ties Conti nuou s monit oring/ coac hing	
Internal	Lack of competence	Low confidence level of staff in conducting research studies	Mentorin g or coaching	1	3	3		Attendance to seminars, taining, conferences Continuous mentoring & coaching	Div. chief, Section head researchers	Regularly	Provi sion of appro priate traini ng, ment oring or coac hing	
Internal	Overload of duties	Delay in implementation and/or completion of proj activities	Assign other staff to assist in the impleme ntation of proj aactivitie s	1	2	2		Review of staff assignments	Div. chief Section head staff	always	Revie w organ izatio n of PTD, additi onal staff, transi tion	
External	Delay in submission of results from external provider (i.e. testing laboratories)	Delay in evaluation of research data, report writing	Constant communi cation & follow-up	1	3	3	L	Pick-up test report from external provider			Cons tant com muni catio n & follo w-up Pick- up test repro	

											from exter nal provi der Alwa ys chec k with the exter nal provi der sche	
	Power interruption/failure	Delay in operation and conduct of experiment or tests Damaged equipment and/or analytical instrument		1	3	3		Installation of additional generator	Assigned researcher	Q1 2020	dule of deliv ery of result s Install ation of additi onal gener ator	
	Equipment breakdown No available spare parts	Delay in operation and conduct of experiment, tests or trials	Preventive e maintena nce, regular calibratio n	1	3	3		Provision of spare parts	Assigned researcher	Always	Upgr ading of old equip ment Proc urem ent of new equip ment	
ument Code: ITDI-ROIES-01	Difficulty in procurement of chemicals/reagents and/or standards needed for analyses	Delay in analysis of product samples	Source out chemical from other	1	3	3	L	Purchase of chemicals from other suppliers (abroad)	Section head Assigned researcher	Immediately		10 of 11

laboratori	Burgaran San			41
al	(A)		1 1	1 1 .
Source out test	\$75. BELTELEN		1	
out test	R-44 E-1224	1 1	4 4	4
from	ALTER STORY	1		1 1
other lab	(A) (A)		- 1 - 1	

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1	3			R IDENTIFIC		OPPORT			-	CET		Assessment Ratin Probability: 3 (High, ≥0.8 to 2 (Medium, ≥0.4 1 (Low, (0.1 to <	1.0 occurrence) to < 0.8 occurrence)	Risk Ac	Corrective Action Plan p	olus Monitoring and Mea	asurement is required
Date o	f sment:	Prepared/Asse	ssed by:			Reviewed by:	App	oroved	by:		Next Date of Assessment:	Severity: 3 (High, ≥0.8 to		ы	No Action is required	ernent is required	
Janua	ry 3, 2020	Di	ELNILA Z	ALAMEDA ument Custodian		RMG Head TION Impact Current				FLORENDO Chief	June 3, 202\$		to < 0.8 Moderate)			Legend: L = Low, MH	= Medium High, VH = Very High
		RISK / ISSUE I	DENTIFICATI	ION AND EVALU	ATION			R	SK ASSES	SMENT		RISK TREATMEN	T	RISK R	<b>EDUCTION AND ID</b>	ENTIFICATION O	F OPPORTUNITES
No.	Process/ Activity	Requirement/ Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)	Opportunities
OPR-		Effective	Internal / External	Inadequacy of	Opportunities	Efforts in	P 2	S 2	P*S	L/MH/VH MH		ITROL AND MAN	NAGEMENT on Impact monitoring		Verification of	Action Taken	Addressed Risk / Issue
RM- TSD- 06		monitoring and measurement of TSD program/ projects/ activities.		TSD staff to aggressively conduct monitoring and impact assessment of project/ activities due to insufficient human resource competencies and budgetary requirements constraint the institute to acquire actual feedback/ document cases to further improve/ innovate the techno-transfer process.	lost to document success stories of industries/ MSMEs and other clients with ITDI interventions, as well as feedbacks for further improvement of services of the Institute.	acquiring feedback from clients thru email and DOST- ROs.						and institutionalizate Chief, IDS adback/monitoring as (i.e. assessment straining monitoring)	and evaluation tools of bioreactor				

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Date o	of sment:	Prepared/Asse	ssed by:			Reviewed by:	App	prove	d by:		Next Date of Assessment:	Severity: 3 (High, ≥0.8 to		M	No Action is required	ement is required	
Janua	ry 3, 2020	Div						NELL	A ELISA C. Division (	FLORENDO Chief	June 3, 2020		to < 0.8 Moderate)		The Action is required	Legend: L = Low, MH =	Medum High, VH = Very High
		RISK / ISSUE	IDENTIFICAT	ION AND EVAL	LUATION			R	ISK ASSES	SMENT		RISK TREATMEN	(T	RISK R	EDUCTION AND ID	ENTIFICATION OF	OPPORTUNITES
No.	Process/ Activity	Requirement/ Expectation	Risk Origin/ Interested Parties	Potential Risk / Issue	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)	Opportunities
			Internal / External		L		P	S	P*S	L/MH/VH	RISK CON	TROL AND MAN	AGEMENT		Verification of	Action Taken	Addressed Risk / Issue
OPR- RM- TSD- 07		Increase level of competencies and match qualifications of TSD staff to fit job requirements to achieve functional objectives	Internal	Inefficiencies towards achieving the functional objectives of the division due to inadequate competencies and mismatch on the qualification of personnel and the absence or lack of backstopping.	Compromise and highly affect the quality of outputs and timeliness in the delivery of services of the division in support to the institute.	Timely hiring of qualified personnel to meet the demands  Develop and monitor training plan  Provide back-stopping/under study program to ensure continuous and quality delivery of services	1	1	1			nents and preference I hiring and promoti Chief, Section Head Committee Ingoing	es based on job on. Is and TSD Selection				

1	3					D OPPORTU AND EVAL			7.70 0 00 00 00 00 00 00	e <b>T</b>		Assessment Ration Probability: 3 (High, ≥0.8 to 2 (Medium, ≥0.4 1 (Low, (0.1 to <	1.0 occurrence) to < 0.8 occurrence)	vπ	cceptability Rating I Corrective Action Plan plus Monitoring and Measuren	s Monitoring and Measu	rement is required
Date o	f sment:	Prepared/Asse	ssed by:		- 20-	Reviewed by:	App	rove	d by:		Next Date of Assessment:	Severity: 3 (High, ≥0.8 to			No Action is required	ion is required	
Janua	ry 3, 2020	Divisional Document Custodian R RISK / ISSUE IDENTIFICATION AND EVALUATION  cess/ Requirement/ Risk Potential Impact Curr				RMG Head		NELI	A ELISA C. Division	FLORENDO	June 3, 2024		to < 0.8 Moderate)			end: L=Low, MH= Medium H	gh, VH = Very High
		RISK / ISSI	JE IDENTIFIC	ATION AND EVA	LUATION			R	RISK ASSES	SSMENT		RISK TREATMEN	NT .		RISK REDUCTION A	AND IDENTIFICAT	ION OF
No.	Process/ Activity			2 ( ) 2 ( )	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)	Opportunit es
OPR-			Internal / External				P	S	P*S	L/MH/VH	RISK CON	ITROL AND MAI	NAGEMENT		Verification of	Action Taken	Addressed Risk / Issue
RM- TSD- 08		Awareness and clear delineation of responsibilities / accountabilities of the R&D group to support the functional objectives of TSD.	External	instructions/ inadequate understanding on the part of R&D and TSD personnel on the policies/ protocols and requirements in managing IPs/technologies (to include management of database of information, communication/ dissemination/ promotion of technologies), trainings and technical services.	inefficiencies of TSD staff in performing techno- transfer undertakings of the institute.	Conduct awareness seminar on IP management/ protocols Awareness seminar on tech audit, business planning and valuation conducted last Dec 2016-2017 Review and appreciation of divisions' functions to avoid encroachment on the respective functions of others. Divisional tech audit conducted in 2018  Continuous discussion with Top Management to come up with list of technologies for transfer/					Responsible: TSD (	Chief and Section F	leads				

1						D OPPORT				EET		Assessment Ratin Probability: 3 (High, ≥0.8 to 2 (Medium, ≥0.4 1 (Low, (0.1 to <	1.0 occurrence) to < 0.8 occurrence)	VII Co	ptability Rating Indi rrective Action Plan plus M initoring and Measurement	onitoring and Measurer	ment is required
Date o	f sment:	Prepared/Asse	ssed by:			Reviewed by:	App	rove	l by:		Next Date of Assessment:	Severity: 3 (High, ≥0.8 to	1.0 Major)		Action is required	io roquiroc	
	ry 3, 2020	Di	ELNILA Z	Zulaur-Sr ALAMEDA Iment Custodian	1	RMG Head		NELIA	Division C	LORENDO hief	June 3, 2024	2 (Medium, ≥0.4 1 (Low, (0.1 to <	to < 0.8 Moderate) 0.4 Minor)		ı	egend: L=Low, MH = Medium	
		RISK / ISSUE	IDENTIFICAT	ION AND EVAL	UATION			R	ISK ASSES	SMENT	R	ISK TREATMENT		RI	SK REDUCTION AN OPPOR	D IDENTIFICATION TUNITES	ON OF
No.	Process/ Activity				Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementation Date	Status (Open/Closed/ Hold)	Opportunit es
							P	S	P*S	L/MH/VH	RISK CONT	TROL AND MAN	AGEMENT		Verification of	Action Taken	Addressed Risk / Issue
OPR- RM- TSD- 09		monitoring of TSD E-mail account.	mena	assigned staff to monitor / respond and act regularly on inquiries in the TSD e- mail account due to issue on accountability.	reputation of TSD and ITDI particularly in terms of providing quality and timely services to the public.	Regular checking/ monitoring of TSD email account of focal person/ alternate.	1	1	1		Responsible: Focal pe of TSD email account						
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						D OPPORT I AND EVA				ET		Assessment Rating Probability: 3 (High, ≥0.8 to 1 2 (Medium, ≥0.4			ceptability Rating I		rement is required
Date of	of sment:	Prepared/Asses	ssed by:	4		Reviewed by:	App	roved	by:		Next Date of Assessment:	1 (Low, (0.1 to <	0.4 occurrence)	M	Monitoring and Measuren	nent is required	
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		Process Requirement Risk Potential Impact C						R	ISK ASSES	SMENT		RISK TREATMEN	IT	R	ISK REDUCTION A	ND IDENTIFICATI	ON OF
No.	Process / Activity			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Impact	Current Control	Probability	Severity	Risk Priority Number (RPN)	Risk Acceptability Rating (RAR)	Recommended Additional Control	Responsible	Implementation Date	Plan of Action Taken	Actual Implementatio n Date	Status (Open/Closed/ Hold)	Opportunit ies
			Internal / External	If TSD staff is			P	S	P*S	L/MH/VH	RISK COM	NTROL AND MAN	IAGEMENT		Verification of	Action Taken	Addressed Risk / Issue
OPR- RM- TSD- 10		awareness, and compliance of prospective adopter/client on the process of implementing TNA, technology matching, technology requirements prior to setting up of facility and purchase of required tools/equipment to ensure objectives of technology transfer activities are met.		unable to undertake training/technol ogy needs assessment and technology matching effectively due to absence of a consultative meeting among concerned parties then, it is uncertain that the objectives and requirements of customers are met.	Challenge/ affect the effectiveness of the implementati on of the training/tech no transfer activities.	Inform/reitera te DOST ROs to conduct initial TNA/ techno matching/ request site inspection prior to setting up of facility and purchase of required tools and equipment.  Review/revisit MOA with adopters/ fabricators.  Reiterate to DOST-ROs on pertinent ITDI technology requirements											