

**Name of MDA: .....**  
**Internal Audit Unit**

**Form 14: Inherent Risk Description and Ranks**

**Name of Office/Project:**  
**Audit Area:**

No.	Risk Description	Likelihood	Impact	Inherent Risk Rank
<b>Objective, Structure and Human Resources Management</b>				
1				
2				
3				
4				
5				
6				
7				

Prepared by and date  
(Auditor)

Verified by and date  
(AD/DD)

Approved by and date  
(HIA/CAE)