

**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)