UNIVERSITY OF HOUSTON-VICTORIA **Master Risk Assessment for Web FY11-12 Completed**

	A	B	C	D	E	F	G	H	I	J	K	L
1	**Compliance Activity** (including law, regulation or policy requirement)	**Risk of Non-Compliance** (i.e. fine, reprimand, loss of funding, loss of accreditation, unfavorable publicity, audits, investigations, employee injury, litigation or other negative consequences.	**Responsible Party (Position)**	**Department**	**Potential Impact Before Controls (H,M,L)**	**Probability of Occurrence Before Controls (H,M,L)**	**Mitigation Operating Controls (Complete for all External "X" Compliance Items)**	**Monitoring and/or Oversight Controls**	**Rank After Controls High Medium Low**	**Mitigation Strategy Manage Monitor Accept**	**Date of Last Review**	**Evidence or Other Written Documentation of Compliance**
2	International Student Admissions Compliance with INS laws; student data entry in SEVIS system. U.S. Immigration Changes Visa Regulations B-1 & B-2; I-20 or DS-2019 (formerly IAP-66) forms and F-1, F-2, J-1, or J-2 visa	Loss of ability to admit F-1 students.	International Coordinator/Primary Designated School Official (PDSO)	Admissions	M	L	1) NAFSA Adviser's Manual 2) SEVIS updates from the U.S. Department of Homeland Security / USCIS 3) UHV Catalog 4) OAR web page	Continuous training in INS rules/regulations; SEVIS data entry; communications with international students.	M	Manage	6/11/2013	INS and SEVIS training at NAFSA convention in Houston in May, 2012. Approval to admit F1 visa students to UHV granted through update to UHV's SEVIS I-17 Petition to Admit International Students on May 2013. Conducted International Orientation prior to each semester in August 2012 and January, 2013. Hold ongoing monthly UHV Student Support Day at UH-SL location to assist International and domestic students who attend Sugar Land and Cinco Ranch campus. Web training in credential evaluation, regulatory changes, and best practices in advising international students is ongoing by contact with U.S. Department of Homeland Security, U.S. Department of State, NAFSA International Educators, and independent companies in the United States.
3												
4	Concussion policy	Inadequate health and safety for student athletes	Trainer	Athletics	M	M	Concussion policy and protocal	Trainer developed and continally monitor	L	Manage	Jan. 2013	see written protocol
5	Developed Athletics Desk Rerence Manual	M	Athletic Director	Athletics	L	L	Manual addresses all NAIA reporting and compliance deadlines and reporting	Athletic Director developed and will monitor and edit as needed	L	Manage	5/1/2013	Desk Reference Manual in Athletic Director's Office; submitted to UHS Internal Audit Office May 2013.
6	Heat Illness and Prevention Policy	M	Trainer	Athletics	M	L	Heat Illness policy	Trainer developed and monitored	L	Manage	Jan. 2013	see written protocol
7	Lightning Policy	M	Trainer	Athletics	M	M	Lighting Policy developed by athletic trainer	Trainer developed and monitored	L	Manage	Jan. 2013	see written protocol
8	Equity in Athletics Disclosure report	loss of federal funding	Athletic Director	Athletics	L	L	Sept. 4 notification and reminder is set in outlook	Athletic Director is notified by EADA and monitors	L	Manage	Oct. 2012	EADA report submitted yearly
9	Written protocol for athletic injuries	Inadequate health and safety for student athletes	Trainer	Athletics	M	M	Injury protocal developed by athlteic trainer	trainer will monitor and provide recommendations	L	Manage	6/1/2013	see written protocol
10												
11	Notification of Possession of Listed Agents after self audit and inventory by researchers. Also orientation of new researchers concerning "listed" agents; Center for Disease Control and USDA 1996 Anti terrorism and Effective Death Penalty Act (PL 104-132), the CDC and the Department of Health and Human Services issued a final rule in October 1996	Theft of agents for illegal or terrorist activities could result in financial penalties and negative public relations for University.	Director, BioLab	Biology	H	L	None present	Department performs self-assessment of attributes of instruction program such as content, delivery and handling. Biosafety committee team reviews attributes of instruction to ensure content is current and accurate.			11/21/2012	Not applicable
12	Lab Registration for Select Agent Program, identifying and registering all Select Agent users and including tracking system in place for transfer of Select Agents. Center for Disease Control 1996 Anti terrorism and Effective Death Penalty Act (PL 104-132), the CDC and the Department of Health and Human Services issued a final rule in October 1996	Theft of agents for illegal or terrorist activities could result in financial penalties and negative public relations for University.	Director, BioLab	Biology	H	L	None present	Department performs self-assessment of attributes of instruction program such as content, delivery and handling. Biosafety committee team reviews attributes of instruction to ensure content is current and accurate.			11/21/2012	Not applicable
13	Biological Waste compliance including pick up and disposal by authorized agent. Texas Natural Resource Conservation Commission Chapter 451 - Disposal Site Management and Operation	Employee Injury or illness resulting in lost time, worker's comp claim or legal liability.	Director, BioLab	Biology	H	L	Chemical Catalog and Lab Manual and MSDS	Department performs self-assessment of attributes of instruction program such as content, delivery and handling. Biosafety committee team reviews attributes of instruction to ensure content is current and accurate.			11/21/2012	Biological waste is collected by an external contractor for safe disposal
14	Compliance with Public Health & Bioterrorism Preparedness/Response Act of 2002, including development of ER plans with outside agencies and implementation of UH campus plan for Bioterrorism response. Center for Disease Control Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (PL107-188)	Operational Impairment	Director, BioLab	Biology	M	L	CDC-Policies and MSDS procedures for handling hazardous chemicals and infectious agents	Debriefing self-assessment to ensure that unusual hazardous chemicals and infectious agents are handled properly. Director of Biology Lab review of report on debriefing and mishandling			11/21/2012	We do not handle infectious agents
15	Job Specific Chemical Safety Training - BioLab Texas Department of Health; SORM Vol III Sec II chapter 7.12; SORM Vol III Sec II chapter 7.16 also driven from 29 CFR 1910.1200	Employee illness or injury resulting in lost time, worker's compensation claim.	Director, BioLab	Biology	H	L	Chemical Catalog and Lab Manual and MSDS. All lab users are required to complete comprehensive safety training and sign an acknowledgment before starting work	Department performs self-assessment of attributes of instruction program such as content, delivery and handling. Biosafety committee team reviews attributes of instruction to ensure content is current and accurate.			11/21/2012	1) New employee orientation on materials that will be encountered within lab and on campus. New employee orientation records are filed and retained permanently. 2) Annual training for all employees documented. 3) Incident system documentation and placement into employee permanent records for future reference.
16	Use of Animals in Research Public Health Service Policy for the Care and Use of Laboratory Animals (PHS Policy, 1996. USDA Animal Welfare Regulations (Animal Welfare Act, AWA, 9CFR, 1985, 1992)	Negative Public Relations, Fines and Loss of Funding	Director, BioLab	Biology	N/A	N/A	N/A	Annually, as part of the Lab Inspection/Audit process, the Safety and Risk Manager will have the Lab Supervisor confirm that there has been no change in the programs at UHV and Sugar Land that now allow the use of animals in research			11/21/2012	Comments: Per information received from Dr. Somasundaram, the University does not use any animals in its research.
17	Public Health Service Policy for the Care and Use of Laboratory Animals (PHS Policy, 1996), USDA Animal Welfare Regulations (Animal Welfare Act,AWA,9CFR,1985,1992), and, if accredited, guidelines of the Association for the Assessment and Accreditation of Laboratory Animal Cara (AAALAC International), and guidelines issued in U.S. Government Principles for the Utilization and Care of Vertebrate Animals used in Testing, Research and Training	Negative Public Regulations, Fines	Dr. Somasundaram	Biology	N/A	N/A	NA	Annually, as part of the Lab Inspection/Audit process, the Safety and Risk Manager will have the Lab Supervisor confirm that there has been no change in the programs at UHV and Sugar Land that now allow the use of animals in research	NA	Other	11/21/2012	Per information received from Dr. Somasundaram, the University does not use any animals in its research.
18												
19	Expenditure of Higher Education funds (HEAF) in accordance with legislative intent Texas Constitution, Article VII, Sec. 17	Use of HEAF funds for other than approved expenditures could result in audit finding, fund reallocations, negative publicity.	Purchasing Manager	Business Services	M	H	Online Purchasing Manual has a specific section for HEAF purchases, including examples of allowed and unallowed HEAF expenditures.	HEAF expenditures less than $5,000 are completed by voucher and Purchasing approval is required prior to payment. Expenditures over $5,000 are reviewed prior to issuance of Purchase Order. Annually, the Director of Business Services reviews updates and changes to the Purchasing Manual. Also, the Director is available for advice and/or direction on all Purchasing matters including HEAF expenditures as questions arise.	L	Monitor	9/14/2012	Expenditures are subject to internal audits and no adverse findings have been received.
20	State Records Retention and Disposal of Records Requirements; UHV Administrative Policies and Procedures A-36 Records Retention Texas Government Code, Chapter 441	Unintentional destruction of vital records or other records necessary for operations, audit or review purposes. Negative audit findings.	Coordinator, Business Services	Business Services	M	M	UHV policy A-36, Records Retention has operating procedures in place for records management, including assignment of Records Administrator.	Business Services Coordinator checks all retention requests and assigns proper classification based on description and UH record retention schedule for the type of documents. The Director of Business Services is the campus assigned records administrator. Annually, Business Services Coordinator, who is designated as the Alternate Record Retention Officer, conducts a review of stored records to determine which records have fulfilled the minimum retention requirements.	L	Manage	9/6/2012	Annually at end of fiscal year, the Records Retention Officer notifies the departments by email of stored records that have met the retention requirements and requests approval to destroy. Records are then handled in accordance with the department's direction.
21	Compliance with State HUB Program Texas Government Title 10, Subtitle D, Chapter 2161	Audit findings, legislative scrutiny, negative publicity, penalizing agency by removing purchasing function from them.	Purchasing Manager	Business Services	M	M	Procurement Manual requires mandatory inclusion of HUB bidders at certain dollar levels when using state/local funds; Purchasing maintains an online listing of hub vendors and the services they provide for delegated purchasers.	Purchasing Manager reviews monthly HUB reports and semi-annual HUB reports. Director of Business Services also reviews semi-annual state reports on agency activity; also reviews and signs off on annual HUB Strategic Plan. Senior management, at least twice annually requests to all HUB activity whether goals are being met.	M	Manage	9/14/2012	HUB Coordinator needs to provide either monthly or quarterly reports to departments showing individual efforts. Reports need to include PeopleSoft and ProCard activity.

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22	Major Information Systems Agreement "Government Code 2054.008 UHV Policy E-12 Contract Administration Sam 03.A.05 Contract Administration"	Audit Findings	Purchasing Manager, Coordinator, Business Services	Business Services	M	L	1. Purchasing Staff notifies Contract Administration upon award of contract 2. Contract Administration prepares necessary spreadsheet for reporting to the LBB within 10 days of entering into a contract	LBB report submitted upon award, Quarterly the LBB is notified of payments to contracts and purchase orders	L	Monitor	9/14/2012	Reports are maintained on a network drive, and a hardcopy is in Business Services files.
23	Compliance with Governor's Office Program on Fraud Detection and Waste Executive Order RP36 by the Governor of the State of Texas issued 7/12/05	Audit Findings	Director, Business Services	Business Services	H	M	1. Designation of CFO as agency contact person for fraud prevention and elimination activities for the campus. 2. Efforts to create a positive workplace environment to improve employee morale and loyalty. 3. Procedures to hire and promote the most qualified individuals as set forth by HR. 4. Standards of Conduct Policy C-8 and FAQ's introduced to all employees during New Employee Orientation. 5. Fraud prevention program disscussed in New Employee Orientation. 6. Instructing employees on how to report fraudulent acts, anonymously if desired through MySafeCampus. 7. Employees have Mandatory training modules to complete yearly. 8. Addition of UHV Ethics FAQs to the Business Services and Institutional Compliance websites. 9. Students have the CSATs (Computer Security Awareness Training for students) on the UHV website for instructions.	1. UHS Director of Internal Auditing reviews campus fraud and waste prevention activities annually and provides independent input into the institution's fraud risk assessment process. 2. Annual report of compliance activities is forwarded to the UHS Board of Regents for their review, via Director of Internal Auditing. 3. UHS Director of Internal Auditing and UHS Office of General Counsel monitor and assist in timely resolution of reports of suspected fraud.	H	Manage	9/6/2012	University Institutional Compliance website is updated routinely with reports and compliance activities. TAD (Training and Development) Office maintains employee records in PeopleSoft.
24	**Reporting of Indebtedness to State** State of Texas Government Code, Section 403.055-(f) Except as provided by Subsection (g), a state agency shall report to the comptroller each person who is indebted to the state or has a tax delinquency. The report must contain the information and be submitted in the manner and with the frequency required by the comptroller. (g) A state agency may not report a person under Subsection (f) unless the agency first provides the person with an opportunity to exercise any due process or other constitutional or statutory protection that must be accommodated before the agency or the state may begin a collection action or procedure. The comptroller may not investigate or determine whether a state agency has complied with this prohibition.	Unfavorable audits	Bursar	Business Services	M	H	Bursar's office submits a list of students to the State Comptroller's Office once a year who meet the criteria for delinquent payment of tuition, fees, and institutional loans specified in the University of Houston's MAPP 5.04.05.	Bursar's officereviews the list of students to be submitted to verify all students meet the criteria for being reported.	L	Accept	9/20/2012	Please see bursar's office for completion.
25	Contract Administration Compliance with: 1. UH SAM 03.A.05 2. UHV Policy E-12 3. Delegation of authority memorandum from Chancellor 4. President's further delegation of authority 5. LBB Contract Reporting Requirements 6. Open Market posting requirements for competitive contracts over $25K	1. Contracts signed by employees not authorized to execute obligating University. 2. Non-standard contracts not reviewed as to form and proper legal language by Legal Counsel resulting in execution of possibly unlawful or unconstitutional agreements committing University funds or other resources; 3. Litigation and possible significant liability exposure to institution; 4. Audit Findings due to non-compliance.	Coordinator, Business Services, Director, Business Services	Business Services	H	M	1. Written policy and procedures detailing responsibilities of both the department and Business Services are provided within campus policy E-12, Contract Administration, and include: >Centralized coordination and repository of campus contractual agreements, excluding employee contracts, through Business Services; >Requirement of department prepared Contract Coversheet; >Business Services maintains written check, tracking communications/progress of each contract; >Requirement of responsible dept employee to signoff on Contract Monitoring Form after contract is executed; 2. Communication and posting of President's letter of contract delegation by position and dollar limits; 3. Campus Contract Website maintained by Business Services with FAQ, with straightforward access to procedures, forms, governing policies, letters of delegation.	1. Business Services provides contract coordination and campus level management and administration services to all campus departments. 2. For monitoring and tracking purposes, Business Services maintains a summary of contracts pending at Legal for review. 3. Contracts over 14K are reported to LBB within 10 days through LBB online reporting. 4. Periodically, according to IA audit schedule, campus contract administration is audited. Any audit findings require management response. 5. UHS Office of Contract Administration provides administrative oversite, legal guidance and contract review upon request. 6. Campus letter of delegation from President is reviewed and updated as necessary.	M	Manage	9/6/2012	1. Departments are routinely audited by Internal Auditing and Business Services provides requested contract information. 2. Contract files, including executed contract, coversheet, tracking sheet, etc, are maintained by Business Services and available for audit inspection/review. 3. Campus contract website is available for inspection. 4. Letters of delegation from Chancellor and President are on file and posted on Contract Admin website, available for inspection.
26												
27	Portable Fire Extinguishers - Monthly and Annual Inspections; recharging and pressure testing as required; SORM Vol III Sec II Chptr 6.6; NFPA 10 Standard	Financial, Loss of Life	Safety & Risk Manager	Campus Safety	M	M	Security officers check monthly and makes inspection entries on each fire extinguisher. 1. Discrepancies are reported by e-mail or electronic work order to Facilities Services Building Maintenance Manager. 2. All Safety related work orders are copied to Business Services (Campus Safety) for monitoring. 3. Entries made onto hanging tag on fire extinguishers. 4. Commercial Fire Safety firms perform required annual	Senior Secretary monitors on monthly basis to insure inspections are done. Reports any problems to the Safety & Risk Manager and Security Officers.	M	Manage	Jun-13	1. Monthly fire extinguisher reports are distributed and filed by the Business Services Senior Secretary in the Business Service Department. 2. Annual fire safety inspection reports are coordinated and filed by Facilities Services.
28	Federally Required Annual Security & Fire Safety Report Higher Education Act Section 485 (a) and (f)	Loss of funding of Federal student financial assistance programs	Safety & Risk Manager	Campus Safety	H	L	Statistical data for crime statistics provided by Victoria Police Dept and UHDPS for UHSCR and UHSSL campuses. Safety & Risk Manager begins updating information in August of each year. Hard copy maintained in Business Services. Report distributed electronically annually to student list serv and all employees prior to federal deadline of October 1.	Director of Business Services monitors to insure timely report submission. This report is also tracked on A&F report tracking sheet. President annually receives a letter from the Department of Education advising of annual requirements. Letter is forwarded to the Safety & Risk Manager for compliance. The Safety & Risk Manager will register on the DOE website prior to the	M	Manage	Sep-13	The Safety & Risk Manager is responsible for completing the Annual Security and Fire Safety and Security Report. The target date for completion is September 30 of each year.
29	Campus Drug Policy & Biennial Program Review Drug Free Workplace Act of 1988 & Drug free schools & communities Act of 1989. 21 CFR 1300.11 through 1300.15	Loss of federal funds or other form of financial assurance under any federal program, including student assistance and federal grants.	Safety & Risk Manager	Campus Safety	H	H	Use Human Resource Policy C-19, Drug and Alcohol Abuse for reference. Report completed in even numbered years, next report due in 2014. Requires formation of ad-hoc committee from standing Safety & Risk Management Advisory committee to address report requirements. Final report posted on safety website.	Director of Business Services monitors progress. Administration is forwarded a copy of this report.	L	Manage	Dec-13	This report documents and fulfills the federally mandated biennial review for the two-year period ending December 31, 2012 of the University of Houston-Victoria drug and alcohol prevention program. The report is accessible online at http://www.uhv.edu/Business/Forms/AODReportFY11-12.pdf
30	Laser Safety Texas Dept of Health Services Radiation Bureau Regulations, Title 23, Part 1, Texas Admin Code, Ch. 289	Administrative penalty imposed by Texas Department of Health, revocation of certification, registration, possible legal liability if agency found negligent	Safety & Risk Manager	Campus Safety	N/A	N/A	N/A	The annual Lab Safety Audit/Inspection coordinated by the Safety and Risk Manager confirms that there have been no changes to the university lab programs incorporating the use of lasers.	NA	NA	Jun-13	Currently not applicable to UHV. No lasers are used in the labs here at UHV or UHSSL. The use of Lasers would require Laser registration, certifications and additional responsibility of the Lab Safety Committee to comply with State regulations.
31	Radiation Safety - Material Texas Dept of Health Services Radiation Bureau Regulations, Title 25, Part 1, Texas Admin Code, Ch. 289	Administrative Penalties imposed by Texas Department of Health, revocation of certifications and registrations; possible legal liability if agency found negligent	Safety & Risk Manager	Campus Safety	N/A	N/A	N/A	The annual Lab Safety Audit/Inspection coordinated by the Safety and Risk Manager confirms that there will be any changes to the university lab programs incorporating the use of radiation.	NA	NA	Jun-13	Currently not applicable to UHV. No radioactive materials are used on any of the campuses.

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32	Radiation Safety - Waste Management Texas Dept of Health, Radiation Bureau Regulations, Title 25, Part 1, Texas Admin Code, Chapter 289. Note: Under the Texas Radiation Control Act (TRCA), disposal of low-level radioactive waste is regulated by the TCEQ. The Texas Department of State Health Services (DSHS) regulates the processing and stage of low level radioactive waste.	Administrative Penalties imposed by Texas Depart of Health, Revocation of certifications and registrations.	Safety & Risk Manager	Campus Safety	N/A	N/A	N/A	The annual Lab Safety Audit/Inspection coordinated by the Safety and Risk Manager confirms that there will be any changes to the university lab programs generating radioactive waste materials.	NA	NA	Jun-13	Currently not applicable to UHV
33	Elevator Operation and Evacuation Procedure to comply with -ASME A17.1 Safety Code for Elevators and Escalators, -ASME A17.1, Rule 211.3, Firefighters Service Operation, -ASME A17.3 Safety Code for Existing Elevators. -ASME A17.4 Guide for Emergency Evacuation of Passengers from Elevators. -Texas Health and Safety Code, Section 754.016	-Passenger injury due to improper or unsafe extraction. -Litigation and possible significant liability if serious injury to passenger occurs. -Fines imposed by Texas Department of Licensing and Regulation if each elevator is not inspected annually in accordance with Texas Dept of Licensing and Regulation rules.	Safety & Risk Manager	Campus Safety	M	L	1. Formalized written Elevator Evacuation Procedure posted to Campus Safety Manual and placed in elevator mechanical room of each facility having elevators. 2. Annual refresher training of select employees at each campus in proper elevator evacuation procedures. 3. Easily accessible, written, laminated quick reference instruction sheet including emergency contact information in each elevator mechanical room. 4. Annual required inspections by TDLR coordinated by Facilities Services Building Maintenance Manager to receive new elevator Certificate of Compliance. 5. Monthly inspection of each elevator performed under contract with factory authorized service provider.	1. Annual review of elevator procedures by Safety and Risk Manager prior to refresher training. 2. Weekly inspection of elevators by duty Security Officer to verify emergency elevator phone is operating properly. 3. Monthly inspection to verify completion of Monthly Fire Fighters Service Test Log by factory elevator service technician. If inspection incomplete or not performed, Security Officer notifies Facilities Services by online work order. 4. Annual application and inspection of each elevator by State Licensed Inspector.	M	Manage	Jun-13	1. Written Elevator Evacuation Procedure readily accessible and available for audit/review. 2. Certificates of Compliance are posted in each elevator. 3. Security Officer inspection logs available to document monthly inspections. Work orders generated by Security Officers to Facility Services available for inspection. 4. Monthly Fire Fighters Service Test Log kept in elevator mechanical rooms of each facility and available for audit/review. 5. Weekly emergency elevator phone operation verifications can be seen in Security Officer Shift report.
34	Campus Programs for Minors -Texas Education Code § 51.976 -SAM 05.C.01 - Campus Programs for Minors -SAM 02.A.37 – Security Sensitive Positions -Texas Education Code § 51.976 -Texas Family Code Chapter 261 -My Safe Campus: http://www.mysafecampus.com/ -Sexual Abuse and Child Molestation Verification Form: http://www.dshs.state.tx.us/cpm/forms.shtm	Financial Loss, Negative Publicity	Coordinator of Campus Programs for Minors	Campus Safety	H	M	1. Guidelines in section 4.1, Campus Programs for Minors - Conducted by a Component University	1. At least 21 days before the program occurs, the Program Operator will send a spreadsheet to the Coordinator of Campus Programs for Minors that lists information for the particular program: 2. At least 7 days before the program occurs, the Program Operator will ensure that all individuals have completed the Sexual Abuse and Child Molestation Training. 3. The Coordinator of Campus Programs for Minors will, prior to the program occurring, submit to TDSHS a form for each program that indicates each individual who will be working or volunteering at the program has completed the Sexual Abuse and Child Molestation Training. After the information is submitted to TDSHS for a particular program, the Coordinator of Campus Programs for Minors will provide written notice to the Program Operator of	M	Manage	Jun-13	Sexual Abuse and Child Molestation Training - approved by Texas Department of State Health Service (TDSHS) Training documentation in UHS Online Professional Development and Training system Background checks on each individual working or volunteering at campus programs for minors to be completed by Human Resources Verification form submitted to TDSHS for each program indicating each individual who will be working or volunteering has completed the training Written approval from the Coordinator of Campus Programs for Minors to the Program Operator to conduct the program
35												
36	Job Specific Chemical Safety Training - Facilities Services Texas Department of Health; SORM Vol III Sec II chapter 4.1; SORM Vol III Sec II chapter 7.12; also driven from 29 CFR 1910.1200	Employee illness or injury resulting in lost time, worker's compensation claim.	Facilities Director	Facilities	M	L	1) Hazardous communications Policy 2) Your Right to Know Policy 3) Material Safety Data Sheet Policy	Updating of policy frequency driven within policies. None in place.	M	Monitor	**Custodial training 6/17 & 6/18/13; sign in sheet on file**	Ensure that employees who come into contact with hazardous chemicals receive initial and periodic training. Determine applicability of SORMs specifics and implement accordingly. Document training and track.
37	University Center Sprinkler System inspections, testing and maintenance as required. Including weekly Inspections by in-house staff; annual inspections by 3rd party; Annual and 5 year tests; Annual and 5 year maintenance. NFPA 25 Inspection, Testing and Maintenance Requirements	Should sprinkler system fail, university may incur additional property and financial loss, including injury and/or loss of life.	Maintenance Supervisor	Facilities	H	M	1) Weekly inspection of fire sprinkler system 2) weekly churn turn 3) annual fire pump acceptance test	1) Weekly inspections maintained on log sheet 2) Backflush log sheet. 3) Annual flush documented. City Fire Marshall does annual inspection of facilities. Licensed fire water system specialists perform annual inspection. AOF has tracking list issued periodically	H	Manage	**Annual inspection 12/21/2012; document in Bldg Maint Mgrs office**	**Documetation for line 1 and 2 are done weekly and are filed in the Bldg Maint Mgrs Office.**
38	Standpipe and Hose Fire Protection Systems inspected, tested and maintained. Including monthly and annual inspections; Annual and 5 year testing; annual maintenance; NFPA 25 Inspection, Testing and Maintenance Requirements	Should a fire occur, systems need to be in operational order to minimize property losses.	Maintenance Supervisor	Facilities	H	L	Inspection being performed by **VCS**	None-Listed	M	Monitor	Inspected 7/31/12; document in Bldg Maint Mgs office	A five year inspection will also need to be entered for tracking. The five year inspection is for the entire system's integrity. A procedure needs to be written to include what is to be inspected, how it is to be tracked, and what documentation needs to be filed.
39	Inspections, Testing and Maintenance of Private Fire Service Mains including annual inspections, testing and maintenance. NFPA 25 Inspection, Testing and Maintenance Requirements	Financial, Loss of Life	Maintenance Supervisor	Facilities	H	L	Nothing found to be in place	None-Listed	M	Monitor	Need to contact city for guidelines.	Inspection and flushing of two fire hydrants are needed annually. The directive was to contact the City of Victoria Water Department for guidance. A procedure needs to be written to include what is to be inspected, how it is to be tracked, and what documentation needs to be filed.
40	Inspections, testing and maintenance of University Center fire pump. Including monthly and annual inspections, testing and maintenance. NFPA 25 Inspection, Testing and Maintenance Requirements	Financial, Loss of Life	Maintenance Supervisor	Facilities	H	L	1) Weekly inspection of Center building. 2) Backflush pump once per week. 3) Annual fire pump acceptance test	1) Weekly inspections maintained on log sheet 2) Backflush log sheet. 3) Annual flush documented. City Fire Marshall does annual inspection of facilities. Licensed fire water system specialists perform annual inspection. AOF has tracking list issued periodically	M	Manage	Testing is on A&F tracking list; Last done 7/31/12.	Procedures need to be in place to ensure inspections are not missed, i.e. A tracking system.
41	Remodeling and Construction according to Code NFPA 101 - Life Safety Code and State Fire Marshall (Texas Administrative Code). International Fire Code, International Building Code, International Mechanical Code, and International Plumbing Code. UHS office of planning and construction per UHV policy H-7	Violations of governing code could result in financial ;pss, such as having to redo projects that didn't pass final inspection. Worst case scenario is employee or visitor injury or loss of life resulting from failing to following proper construction and safety related codes.	Facilities Director	Facilities	H	H	UHV policy H-7 and directives listed within document. International Codes in Column B.	Architectural firms and/or professional consultants, if hired to perform work, must have engineering approvals per code. UH Facilities Planning and Construction should be reviewing work on all projects approved through their office.	M	Monitor	7/16/2012	Construction and Remodeling project drawings are submitted to Authority Having Jurisdiction in accordance with agreements with City and UHDPS. Notice to Proceed is given. Post work inspections are performed by Fire marshall before occupancy is granted.
42	Fire Alarms Maintained and Tested Semi-Annually NFPA 72 - National Fire Alarm Code	Financial, Loss of Life	Maintenance Supervisor	Facilities	H	M	**Semi-annual checks are made by VCS for Center building, West building and Athletics/PCI semi-annually. Check every strobe & alarm. Inject smoke to check smoke sensors.**	Inspection forms provided to UHV by contracted firms. A&F has tracking list issued periodically	H	Monitor	**Inspected 2/15/13; document in Bldg Maint Mgs office**	
43	Training - Lock Out-Tag Out-When Hired and Annually thereafter State Office of Risk Management; SORM Vol III Sec II Chptr 4.2; SORM Vol III Sec II Chpt 6.17; OSHA 29 CFR 1910.147	Employee Injury resulting in lost time, worker's compensation claim.	Facilities Director	Facilities	H	M	None in place - action plan will address	None-Listed	M	Monitor	**6/19/13 Safety mtg; documents in Bldg Maint Mgs office**	
44	Training - Blood Borne Pathogens- when hired and annually thereafter State Office of Risk Management, SORM Vol III Sec II Chptr 4.2 SORM Vol III Sec II Chpt 7.5 OSHA 29 CFR 1910.1030	Employee illness resulting in lost time, worker's compensation claim.	Facilities Director	Facilities	H	M	None in place - action plan will address	None-Listed	M	Monitor	**6-13,14 & 19, 2013 Dept. safety mtg; sign in sheet on file**	**Custodial & Maintenance**
45	Training - Protective Gear - when hired and annually thereafter	Employee Injury resulting in lost time, worker's compensation claim.	Facilities Director	Facilities	H	M	Protective gear is furnished for employees. Further actions will be addressed in action plan	None-Listed	M	Monitor	**6-11,14 & 19, 2013 Dept. safety mtg; sign in sheet on file**	**Custodial & Maintenance**

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1	**Compliance Activity** (including law, regulation or policy requirement)	**Risk of Non-Compliance** (i.e. fine, reprimand, loss of funding, loss of accreditation, unfavorable publicity, audits, investigations, employee injury, litigation or other negative consequences.	**Responsible Party (Position)**	**Department**	**Potential Impact Before Controls (H,M,L)**	**Probability of Occurrence Before Controls (H,M,L)**	**Mitigation Operating Controls (Complete for all External "X" Compliance Items)**	**Monitoring and/or Oversight Controls**	**Rank After Controls High Medium Low**	**Mitigation Strategy Manage Monitor Accept**	**Date of Last Review**	**Evidence or Other Written Documentation of Compliance**
46	State Office of Risk Management, SORM Vol III Sec II Chptr 4.2 SORM Vol III Sec II Chpt 7.5 OSHA 29 CFR 1910.120 App B	Employee illness resulting in lost time, worker's compensation claim.	Facilities Director	Facilities	M	L	1) Hazardous communications Policy 2) Your Right to Know Policy 3) Material Safety Data Sheet Policy	Updating of policy frequency driven within policies. None in place.	M	Monitor	**Custodial training 6/17 & 18, 2013; sign in sheet on file**	Ensure that employees who come into contact with hazardous chemicals receive initial and annual refresher training. Determine applicability of SORMs specifics and implement accordingly. Document training and track.
47	Training - Electrical Safety State Office of Risk Management, SORM Vol III Sec II Chptr 6.4; OSHA 29 CFR 1910 Subpart S	Employee Injury resulting in lost time, worker's compensation claim.	Facilities Director	Facilities	H	M	None in place - action plan will address	None-Listed	M	Monitor	**Maint staff training 6/19/13; Bldg Maint Mngs office**	
48	Hot Work - Compliance with in house permit issuing procedures for fire Prevention, including post inspection of work site by facility personnel. SORM Vol III Sec II Chptr 6.16 NFPA 51B	Financial, Loss of Life	Maintenance Supervisor	Facilities	H	L	UHV Hot Work Policy and forms on safety website.	No Effective Monitoring Control in Place. Campus Safety Officer periodically reviews all policies on safety website.	H	Manage	Need to establish effective monitoring controls to ensure Hot Work Policy is followed.	
49	Recycling and Pollution Prevention Efforts implemented for all feasible reuse/recycle programs.	Negative Public Relations	Facilities Director	Facilities	L	L			L	Monitor	Ongoing daily	**Custodial training on 3/22/13; sign in sheet on file.**
50	Compliance with Hazardous and Industrial Solid Waste Regulations including (1) pickup and consolidation of waste; (2) Shipment to approved disposal facility; (3) Recordkeeping and file maintenance EPA/TCEQ - RCRA Title 42 Chapter 82 Subchapters II, III, & IV		Facilities Director	Facilities	M	L			L	Monitor	Ongoing daily	**Custodial training on 3/22/13; sign in sheet on file.**
51	Unauthorized Discharge of Waters of State and US - verification of storm water pollution prevention plans for new construction Federal Clean Water Act 1977; TWC 7.145	Possible financial penalties and negative public relations.	Facilities Director	Facilities	L	L	Facilities, Planning and Construction observation		L	Monitor	Ongoing daily	**Custodial training on 3/22/13; sign in sheet on file.**
52	Water Pollution Prevention - Use of back flow preventers in sprinkler and waste system to prevent contamination of fresh water supply. EPA/TCEQ a) EPA 570/9-89-007; b) TNRCC §344.73; c) 29CFR1910.141(b)(2)(i)	Contaminated drinking water may lead to employee illness, lost time, worker's compensation claims and possible legal liability.	Maintenance Supervisor	Facilities	M	L	Several backflow preventers in place. List maintained in A&F tracking.	Licensed backflow preventer plumbing company checks annually. A&F has tracking list issued periodically. City of Victoria issues reminder for inspection of backflow preventers and licensed plumbers.	M	Manage	**Backflow preventor testing performed 3/15/13**	Ensure backflow preventers are all accounted for in A&F tracking; **Custodial training on 3/22/13 - sign in sheet on file**
53	University West Boiler Inspection and Maintenance SORM Vol III Sec II Chptr 6.2 ; 29 CFR 1915.162	Failure could result in shutting down of affected building	Maintenance Supervisor	Facilities	H	M	Inspection performed bi-annually by State Inspection	State of Texas issues reminder of need to perform bi-annual inspection. A&F tracking list	M	Manage	**Monthly inspection by maint staff; biennial state inspection completed 7/11/2013; new certificate will be posted when**	
54	Elevator Inspections 29 CFR 1917.116	failure could result in use of elevator until maintenance is completed.	Maintenance Supervisor	Facilities	M	L	Annual inspection performed.	Annual performed by ThysenKrupp. State issues reminder of annual. Contract with ThysenKrupp.	L	Monitor	**Annual inspection 6/28/13; new certificate will be posted when**	
55	Disposal of Surplus State Property in accordance with State Property Accounting General Policies 2.39 and Texas Government Code Annotated Section 2175 , if not exempted under 2175304(a) of the Texas Government Annotated Section.	Reprimand, Loss of Funding, Unfavorable publicity, audits	Facilities Director	Facilities	M	M	Guidelines outlined in the University of Houston-Victoria Administrative Policies and Procedures under General Index H-6 Disposal of Surplus Property: **I. Controlled ($500 threshold) and Capital Assets (assets over $5000), excluding computers.** A. Departments are required to complete a PMG-2 form for tagged inventory property (excluding computers) to be removed to the Facilities Services department for surplus. B. Also, a Service Request needs to be completed on the Facilities Services webpage. C. Facilities services will determine if equipment is salvageable and can possibly be used by other departments, put in a surplus sale, disposed of according to State guidelines. D. Disposal of inventoried property is reported to the State Property Accounting division of the Texas Comptroller's office.	**I. Controlled ($500 threshold) and Capital Assets (assets over $5000).** A. Property inventory is conducted annually by Facilities Services with assistance of assigned department Property Custodians and IT Staff (for tagged computer inventory) to assure that all state property is accounted for.	M	Manage	**11/07/2012 date of last surplus sale; documentation on file w/Adm. Secretary**	I. Hardcopy PMG forms kept in binder in Facilities Services II. Campus wide emails advertising property in surplus III. Service Requests IV. Copy of ad in Public Newspaper. V. Donation Transfer Agreements Note: All documentation kept in Facilities Services Department Office
56	Corrective Actions Required Include: 1. Policy H-6, Disposal of Surplus Property needs to be updated. 2. Policy needs to address within Procedures section, detail describing the operating controls actually in place and described in this Risk Assessment. 3. Policy needs to address procedures for disposal of untagged property. 4. Policy needs to address ISD School disposal procedures. 5. Policy needs to address role and responsibilities of departmental Property Custodians. 6. Policy needs to address responsibilities of IT department, as applicable to Surplus Property		Facilities Director	Facilities	M	M	**II. Computers costing over $500 with a property number tag.** A.The department employee is instructed to call the Information Technology HelpDesk to have the computer picked up. B. Information Technology (I.T.) will pick up the computer and fill out a PMG-2 form to remove it from the department's inventory to I.T.'s inventory.	**II. Capital Assets (assets over $5000).** A. Reduction of Capital Assets reported annually to the UH Board of Regents. **III. All Property** A. Campus wide email sent out to inform university employees of surplus property available for departmental use prior to auction and/or disposal. B. Public ad taken out in the newspaper notifying the	M	Manage	**Policy H-6 updated 04/15/13;** documentation for surplus sales on file with Fac. Adm. Secretary.	I. Hardcopy PMG forms kept in binder in Facilities Services II. Campus wide emails advertising property in surplus III. Service Requests IV. Copy of ad in Public Newspaper. V. Donation Transfer Agreements
57	Establishment, maintenance and communication of institutional indoor air quality plan (IAQ) in accordance with State Office of Risk Management guidelines.	Potential liability for employee medical claims due IAQ issues resulting from water leaks, mold, HVAC mechanical issues, cleaning agents, etc.	Facilities Director	Facilities	M	M	1. Maintenance and communication of written IAQ response plan including procedures for responding to complaints. 2. Appointment of IAQ Program Manager (Director, Facilities Services); 3. Appointment of IAQ Coordinators for both UHV and UHSSL/UHSCR. 4. Conducting of periodic facility inspections in accordance with preventative maintenance schedules to assess IAQ situation. 5. Formalized procedures for reporting, responding, assessing and summarizing IAQ concerns	1. IAQ Program Manager (Director, Facilities Services) is responsible for managing the IAQ Program at UHV. 2. Safety and Risk Manager reviews IAQ plan biennially on odd numbered years. 3. SORM Risk Evaluation Program Survey (REPS) conducted by State as part of overall risk management program review, conducted biennially or sooner.	M	Manage	Written procedures supplied to Dir. Bus. Services & Safety /Risk Mgr 11/16/09; PM work orders & submitted IAQ forms on file	1. Written IAQ Plan and forms posted on Campus Safety Web site for access by any employee, auditor or reviewer. 2. Reviewer/Auditor may inspect Facilities Work Order (UHSSL and UHSCR) or Facilities Service Request (UHV). 3. Reviewer/Auditor may inspect preventive maintenance inspection logs maintained by Facilities Services. 4. Reviewer/Auditor may inspect completed occupant IAQ Observation Forms, initial Assessment Reports and Closing Reports of what actions were taken.
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1	**Compliance Activity** (including law, regulation or policy requirement)	**Risk of Non-Compliance** (i.e. fine, reprimand, loss of funding, loss of accreditation, unfavorable publicity, audits, investigations, employee injury, litigation or other negative consequences.	**Responsible Party (Position)**	**Department**	**Potential Impact Before Controls (H,M,L)**	**Probability of Occurrence Before Controls (H,M,L)**	**Mitigation Operating Controls (Complete for all External "X" Compliance Items)**	**Monitoring and/or Oversight Controls**	**Rank After Controls High Medium Low**	**Mitigation Strategy Manage Monitor Accept**	**Date of Last Review**	**Evidence or Other Written Documentation of Compliance**
59	**Prompt Payment Law** State of Texas Government Code, Sections 2155 and 2251 (Prompt Payment Law)-Requires state agencies and universities to pay interest to vendors when eligible payments are made after the calculated due date, which is 30 days after the later of the goods received date or invoice received date. Effective September 1, 2001, interest calculated at $5.00 or less will not be paid from local funds (HB 1545,77th Legislature). There is no minimum amount for interest paid with state funds.	Unfavorable audits	General Accounting Manager	Finance	M	H	The financial system is programmed to calculate and pay interest according to the Prompt Payment Law. The rules related to prompt payment are detailed in the University of Houston's MAPP 4.01.10 and the University of Houston-Victoria's General Office Procedures Guide (GOP).	1. Accounts Payable reviews vouchers to ensure that the appropriate invoice date has been entered. Accounts Payable also reviews prompt payment rules in voucher training classes. 2. Periodic audits by State Comptroller's Office.	L	Accept	6/6/2013	PeopleSoft electronically maintains documentation of invoice and payment dates. Queries could be generated to provide information relating to any late payment interest.
60	**Report of Lost or Abandoned Check or Asset** State of Texas Property code, Chapter 72- Requires state agencies and universities to remit and report to the State Comptroller's Office annually any uncashed checks or other assets that are considered lost or abandoned after the owner cannot be located for a specified period of time. Unclaimed wages are presumed abandoned if for more than one year the existence and location of the person to whom the wages are owed is unknown to the University and claim to the wages has been filed with the University. Unclaimed vendor checks, student refund checks, and student credits are presumed abandoned if for more than three years the existence and location of the person to whom the checks/credits are owed is unknown to the University and no claim to the checks/credits has been filed with the University. The cutoff date for establishing contact with the employee, vendor, or student is June 30 of the reporting year. All unclaimed property must be escheated to the state on or before November 1 of every year. Escheated property reports are filed electronically via the internet. Due diligence letters must be mailed to all owners of property valued at more than $250 befor remitting the following November.	Unfavorable audits	Comptroller	Finance	M	H	Each May, Accountant with Bank Reconciliation responsibility prepares a list of all checks outstanding >3 months. Each May, General Accounting Manager prepares a list of voided, undeliverable checks. Comptroller prepares preliminary list of stale dated and voided checks to be escheated (no contact for >3 years). General Accounting Manager attempts to contact and reissue, prepares Due Diligence letters if necessary and prepares journals to record amounts to be escheated in Stale Dated Check Clearing Account. Each May, Bursar's office prepares a list of student receivable credit balances; Comptroller prepares a preliminary list of credit balances to be escheated (no contact for >3 years). Bursar's office attempts to contact and reissue, insures that amounts to be escheated are not financial aid funds, prepares Due Diligence letters if necessary, and applies charges to student accounts to record amounts escheated in Stale Dated Check Clearing Account. Payroll payments are paid centrally by UHS from a UHS-maintained bank account; UHS General Accounting escheats any amounts due with no contact >3 years.	Comptroller reviews final list of amounts to escheated by UHV, verifying that none of the payees can be located or have been successfully paid in the past three years, files the Unclaimed Property report, and remits to state from the Stale Dated Check Clearing Account. Comptroller reviews the Stale Dated Check Clearing Account at least annually to make sure that all amounts clear and reconciles if necessary.	L	Accept	6/6/2013	Documentation of Escheatment Process stored on the Q drive. Schedules of stale-dated or voided checks and credit balances and associated research maintained by the Comptroller. Copies of Unclaimed Property returns maintained by the Comptroller. Detail of Stale Dated Check Clearing Account available in PS.
61	**State Property Accounting (SPA)** Texas Government Code, Section 403.271-403 - Texas Comptroller requires state agencies and universities to record state assets in the State Property Accounting (SPA) system, conduct an annual physical inventory of assets, reconcile that inventory to the assets in SPA, and certifying that the assets recorded in SPA are correct. Conducting annual physical inventory and reconciliation of assets.	Unfavorable audits	Senior Accountant	Finance	H	H	Finance updates the Asset Management system as departments purchase, dispose of, or transfer assets. Finance uploads asset information into SPA at least once a quarter from the Asset Management system. Departments submit an annual inventory to Property Management,(Facilities Department). Finance updates the Asset Management system and SPA based on the annual inventory. Finance reconciles the Asset Management system to SPA. The Property Manager (Facilities Director) certifies once a year that the assets in SPA are correct.	Finance distributes property tags to departments to affix to all capital and controlled assets. Accounts Payable reviews asset purchases to ensure the correct account is used so that the appropriate items are included on the University's property list.	L	Manage	6/6/2013	Monthly reconciliations between State Property Accounting (SPA), PeopleSoft Asset Management (PSAM), PeopleSoft General Ledger and Peoplesoft B-11 report can be found on the UHV Q drive under "Property Management/Reconciliations". Capital and Controlled items are tagged.
62	**Fly America Act** Title 49 of the United States Code, Subtitle VII, Part A, Subpart I, Chapter 401, 40118, Government-Financed Air Transportation, requires that foreign travel funded by Federal funds, including Federal pass-through funds, be conducted on U.S. flag air carriers, unless a waiver is obtained.	Unfavorable audits	Comptroller	Finance	M	L	Travel Analyst will run a query on a quarterly basis to determine if any foreign air travel expenses were recorded in cost centers that are federally funded. Any noted expenditures will be reported to the Comptroller who will verify that travel was conducted on U.S. flag air carriers unless a waiver was obtained. If any exceptions are noted, the Comptroller will inform the responsible party that such expenses must be reclassified to a non-federally funded source.	Comptroller verifies that Travel Analyst has performed review of foreign air travel expenses; reviews are documented on Finance Tracking List which Comptroller reviews on a monthly basis.	L	Accept	6/6/2013	Inclusion of verificatiion of review of foreign air travel expenses included in Finance Tracking List.
63	**Export Administration Regulations (EAR)** are issued by the United States Department of Commerce, Bureau of Industry & Security (BIS) under laws relating to the control of certain exports, reexports, and activities. **International Travel in Arms Regulations (ITAR) -** Section 38 of the Arms Export Control Act (22 U.S.C. 2778) authorizes the control of the export and import of defense-related articles and defense services. The **Office of Foreign Assets Control (OFAC)** may also prohibit travel to embargoed countries even when exclusions to EAR and ITAR apply.	Criminal or civil penalties	Travel Approvers; Research Administrator	Finance	M	L	All employees who travel to destinations outside the United States must complete the Export Controls and Travel Embargo Form and receive approval from the Office of Contracts and Grants, if required, before leaving on the trip, regardless of the source of funds.	The completed Export Controls and Travel Embargo Form, including approval if required, must be attached to the Travel Request as it is routed for approval and must be uploaded as supporting documentation to any University-paid or reimbursed travel expense for employee business travel outside the United States. The final travel approvers are trained to require this before approving payment of any foreign travel expenses.	L	Accept	6/6/2013	Completed Export Controls and Travel Embargo Forms attached as supporting documentation for all foreign travel vouchers in PeopleSoft.
64												
65	Awarding Veteran's Educational Benefits 38 CFR. Waves Handbook.	Financial penalties; Audit Finding	Director, Financial Aid	Financial Aid	M	M	WAVES Handbook by Western Assoc. of Veteran Education Specialists	Monitor student enrollments and paperwork on a monthly basis. Veteran's Civic Council and U.S. Department of Veteran's Affairs Auditor Reviews	M	Manage	5/20/2013	A query is run to show who will be reviewed on a monthly basis. The changes made will be in a student's file. The audit reports are available in the Financial Aid Director's Office.
66	Management of Federal and State Program Funds Chapter 56 of the Texas Statutes Education Code & 34 CFRs 675, 767, 682 & 690	Loss of funding; financial penalties; Audit Finding	Director, Financial Aid	Financial Aid	H	M	Segregation of Duties; All Sections of the Financial Aid Manual, Federal Student Aid Handbook, and Texas Higher Education Coordinating Board Polices and Procedures	Review Reconciliation reports and investigate abnormal and unusual items; Complete the FSEOG and FCWS section of the FSA Assessment on a bi-annual basis; UH Internal Audit is conducted annually.	H	Manage	6/20/2013	FY13 Monthly reconciliations are verified by the accountant and reviewed by the Director. The audit reports are available in the Financial Aid Director's Office. The 2012-13 Financial Aid Manual was updated as of June 10,2013. The SEOG Assessment was completed in May 2013.
67	Non-compliance with Cash Management Regulations 34 CFR 668.162, 163, 164, 165, 166, 167	Loss of funding; financial penalties; Audit Finding	Director, Financial Aid	Financial Aid	H	H	UHV Financial Aid Manual Section 8 (System Operations) and Section 21 (Fund Management & Reconciliation), the Department of Education Blue Book, and the Federal Student Aid Handbook provide policies and procedures to maintain compliance.	All reconciliation reports of financial aid accounts are reviewed for discrepancies. Complete the Fiscal Management section of the FSA Assessment on a bi-annual basis and have an annual internal auditor review.	M	Manage	6/20/2013	FY13 reconciliations are verified by the accountant and reviewed by the Director. The audit reports are available in the Financial Aid Director's Office. Sections 8 and 21 of the 2012-13 Financial Aid Manual was updated in April 2012.
68	Fraudulent activities by students or staff. Texas Penal Code, Chapter 32; 34 CFR 668.14	Audit finding; financial penalties; negative public relations	Director, Financial Aid	Financial Aid	H	L	Segregation of Duties between the Bursar's Office and Office of Financial Aid at the time of disbursement of aid (F.A. Manual Section 18) is in place.	Reviews of the reconciliation reports is conducted by the Director of Financial Aid on a monthly basis. A UH Internal Audit is conducted annually.	M	Monitor	6/20/2013	FY13 Monthly reconciliations are verified by the accountant and reviewed by the Director. Section 18 in the 2012-13 Financial Aid Manual was updated in April 2012.
69	Required State and Federal reports are not submitted in a timely and accurate manner 34 CFR 673.3 and Chapter 56 of the Texas Statute Education Code.	loss of funding; negative public relations; Audit Finding	Director, Financial Aid	Financial Aid	H	L	Sections 4 (Calendar of Activities) and 12 (Participation in Financial Aid Programs) of the Financial Aid Manual, Federal Student Aid Handbook, and Texas Higher Education Coordinating Board Polices and Procedures provides the necessary information.	The Director of Financial Aid reads all correspondence from the Department of Education and the Texas Higher Education Coordinating Board (THECB), compiles the necessary information in a timely manner and sends accurate information prior to the deadline. A UH Internal Audit is conducted annually and if UHV receives any correspondence from the Department of Education or THECB, it is responded to as soon as possible.	H	Manage	6/20/2013	Reports submitted to the THECB and Dept of Education have been completed in a timely manner. Reports can be viewed in the Director's Office. Sections 4 and 12 of the 2012-13 Financial Aid Manual was updated in April 2012.

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1	**Compliance Activity** (including law, regulation or policy requirement)	**Risk of Non-Compliance** (i.e. fine, reprimand, loss of funding, loss of accreditation, unfavorable publicity, audits, investigations, employee injury, litigation or other negative consequences.	**Responsible Party (Position)**	**Department**	**Potential Impact Before Controls (H,M,L)**	**Probability of Occurrence Before Controls (H,M,L)**	**Mitigation Operating Controls (Complete for all External "X" Compliance Items)**	**Monitoring and/or Oversight Controls**	**Rank After Controls High Medium Low**	**Mitigation Strategy Manage Monitor Accept**	**Date of Last Review**	**Evidence or Other Written Documentation of Compliance**
70	Required State and Federal reports are not submitted in a timely and accurate manner 34 CFR 673.3 and Chapter 56 of the Texas Statute Education Code.	loss of funding; negative public relations; Audit Finding	Director, Financial Aid	Financial Aid	H	L	Sections 4 (Calendar of Activities) and 12 (Participation in Financial Aid Programs) of the Financial Aid Manual, Federal Student Aid Handbook, and Texas Higher Education Coordinating Board Polices and Procedures provides the necessary information.	The Director of Financial Aid reads all correspondence from the Department of Education and the Texas Higher Education Coordinating Board (THECB), compiles the necessary information in a timely manner and sends accurate information prior to the deadline. A UH Internal Audit is conducted annually and if UHV receives any correspondence from the Department of Education or THECB, it is responded to as soon as	H	Manage	6/20/2013	Reports submitted to the THECB and Dept of Education have been completed in a timely manner. Reports can be viewed in the Director's Office. Sections 4 and 12 of the 2012-13 Financial Aid Manual was updated in April 2012.
71	Failure to comply with required consumer information regulations 34 CFR 668.41 (c), (d) ; 668.42	loss of funding; Audit Finding	Director, Financial Aid	Financial Aid	H	L	Section 5 (Student Consumer Information) of the Financial Aid Manual and Federal Student Aid Handbook provides the necessary information.	The Director of Financial Aid will annually update the Financial Aid web site, and send an annual email to all students in September, February, and June. A UH Internal Audit is conducted annually. The Financial Aid staff completes the Consumer Information section of the FSA Assessment on a bi-annual basis and updates procedures if necessary.	M	Manage	6/20/2013	The consumer information notice had been sent to the UHV student email accounts. A copy of the email is kept in the Director's emails. The consumer information website is available on the Financial Aid website and UHV website. Section 5 of the 2012-13 Financial Aid Manual was updated in April 2012.
72	Default rate is above maximum allowable percentage 34 CFR 668.17	loss of funding; negative public relations; Audit Finding	Director, Financial Aid	Financial Aid	H	M	The Office of Financial Aid has a Default Management Plan.	Annually, statistics are compiled from the Cohort Default Rate listing. The Financial Aid Director and a Financial Aid Accountant will investigate abnormal and unusual statistics and verify the existence of the defaulted loans. The Director and Accountant will conduct a trend and variance analysis, review the exceptions	M	Monitor	6/20/2013	The spreadsheet with the compiled data and demographics of the defaulted students is located on the T: Drive/Default Rate Calc - Cohort Default Rate 2010 student statistics were compiled and reviewed on 5/7/2012.
73	Incorrect processing of Return of Title 4 Funds 34 CFR 668.22	Financial penalties; Audit Finding	Director, Financial Aid	Financial Aid	H	M	F. A. Manual Section 19	Use DOE Return of Title IV Funds Software to calculate; followup on the returns to ensure completion; Complete the R2T4 section of the FSA Assessments; UH Internal Auditor review is conducted annually	M	Manage	6/20/2013	Section 19 of the 2012-13 Financial Aid Manual was updated in April 2012. The audit reports are available in the Financial Aid Director's Office.
74	Record retention not in compliance with Federal regulations 34 CFR 668.24 and State Record Retention Schedule	Audit finding	Director, Financial Aid	Financial Aid	M	M	UHV General A-36 and F.A. Manual Section 3	Prior to shredding documents, the paperwork must be found in the student's Laserfische electronic file. It must be in the student's file under the accurate award year and labeled properly	L	Monitor	6/20/2013	Section 3 of the 2012-13 Financial Aid Manual was updated in April 2012.
75	Failure to comply with required FERPA regulations 34 CFR 99	negative public relations; lawsuits; Audit Finding	Director, Financial Aid	Financial Aid	H	M	F.A. Manual Section 3 and Student Handbook	Request FERPA training for staff	M	Manage	6/20/2013	All the OFA Staff completed FERPA training in November 2012. Section 3 of the 2012-13 Financial Aid Manual was updated in April 2012.
76	Lack of technology resources to comply with DOE required electronic processes 34 CFR 668.16 (o)	audit finding	Director, Financial Aid	Financial Aid	M	L		Check DOE regulations on an annual basis Review Property Manager's Inventory list	L	Accept	6/20/2013	Computer inventory was completed for 2012 and the Office of Financial Aid has the adequate computer equipment to meet DOE regulations. Quarterly verification of staff computer security access was conducted in August 2012, December 2012, February 2013, and May 2013
77	Incorrectly processing verifications or professional judgments, satisfactory academic progress, calculating student budgets, solving student file discrepancies 34 CFR 668.57 HEA 479(A) 34 CFR 668.16 34 CFR 668.43(a)(1) 34 CFR 668.16(f)	Financial penalties; Audit Findings	Director, Financial Aid	Financial Aid	M	M	F.A. Manual Section 7, 8, 9, 11, and 20	Separation of duties, Complete the Satisfactory Academic Progress, Student Eligibility, and Verification FSA Assessment sections. UH Internal Auditor Review is conducted annually.	M	Manage	6/20/2013	The audit reports are available in the Financial Aid Director's Office. Sections 7, 8 , 9, 11 and 20 of the 2012-13 Financial Aid Manual was updated in April 2012.
78	Incorrectly processing student loans 34 CFR 682	Financial penalties; Audit Findings	Director, Financial Aid	Financial Aid	M	M	F. A. Manual Section 16 and 18	Review Reconciliations, investigate abnormal and unusual items; UH Internal Auditor Review is conducted annually	M	Manage	6/20/2013	FY13 Monthly reconciliations are verified by the accountant and reviewed by the Director. The audit reports are available in the Financial Aid Director's Office. Sections 16 and 18 of the 2012-13 Financial Aid Manual was updated in April 2012
79												
80	Employment of Aliens (Immigration Laws I-9) Immigration Reform and Control Act of 1986 (IRCA); Public Law 99-603	Non-compliance with IRCA can result in investigation by the Immigration and Naturalization Service. Employers who knowingly employ illegal aliens may be subjected to fines and civil penalties, and experience adverse publicity. A pattern or practice of knowing non-compliance may result in criminal sanctions.	Benefits/HRMS Manager and Payroll Manager	Human Resources	H	L	UHV Policy C-9 Employment Eligibility Verification. All newly hired individuals shall have a Form I-9 completed within the first 3 days of employment. HR Employees attended web based training on I-9's.	Update Policy every 2 years. Completed, signed and dated Forms I-9. Photocopies of original documents examined and maintained by HR. Policy currently under review, minor changes being submitted for approval. Periodic review of I-9 forms to assure proper and timely completion.	L	Monitor	6/13/2013	
81	Leave Management Practices: State Leave Administration (Employees who are appointed into benefits eligible positions, are eligible for sick leave, vacation leave (excluding faculty appointed for less than 12 months), and a variety of other specialized leaves mandated by the state.) Texas Government Code, Chapter 661	Non-compliance with state statutes governing leave administration for state employees can result in employees receiving inappropriate leave, which can lead to employee relations issues, turnover, and possible lawsuits.	Payroll Manager	Human Resources	M	L	UHV Policy C-1 Leaves of Absences; New employees provided information on Leave Policy during New Employee Orientation	Policy C-1 currently under review, minor changes being submitted for approval. Time and/or leave records for all employees; leave forms signed by employee and supervisor (time approver). Payroll/Benefits Manager audits bi-weekly leave forms each payroll cycle. Monthly time and labor is now electronic. Leave Reconciliaiton will be at the department level	L	Monitor	6/13/2013	Policy C-1 (Note - bi-weekly electronic pilot Summer 13) Electronic Leave Management Monthly implemented June 2013
82	Family and Medical Leave - mandates that eligible employees be given up to 12 weeks of leave, either paid or unpaid, within a 12 month time period for certain qualifying events. Federal Law - The Family and Medical Leave Act of 1993	Non-compliance could result in either an ineligible employee receiving up to 12 weeks of FMLA leave with premium sharing and result in loss of productivity for the department and an adverse financial outcome, or an eligible employee not receiving FMLA which could result in a complaint with the US Department of Labor, employee grievances, and possible lawsuits and adverse publicity.	Payroll Manager	Human Resources	M	M	UHV Policy C-26 Family and Medical Leave	Policy C-26 currently under review, minor changes being submitted for approval. Separate FMLA file maintained with copies of request forms & physician's statement. FMLA files audited by Dir HR/AA on periodic basis for compliance.	L	Monitor	6/13/2013	
83	Tax Deferred Annuity & Deferred Compensation Contributions to Retirement Accounts SAM 02.C.01 - Refund of Excess Employee Contributions to Plan Internal Revenue Code, Section 403b, 415c, 402g	Penalties assessed to university. Termination of the University's 403(b) plan.	Director, HR/AA Payroll Mgr and Benefits/HRMS Manager	Human Resources	H	L	Vendors review contribution amount. Benefits/HRMS Manager reviews salary reduction agreement & verifies amounts do not exceed maximum allowed. PeopleSoft stop feature that stops payroll deductions.	System level report advises amounts at time of occurrence. Vendors track amounts and issues refunds to participants.	M	Monitor	6/13/2013	
84												
85	Funds are never received from the donor N/A	Loss of current funds	Donor	OA	H	L	Pledges entered and recorded, confirmations sent, tracked; regular follow up as needed	Weekly fundraising reports generated for internal use. Quarterly report to the Board of Regents; semiannual report to cabinet.	L	Manage	12/11/2012	The only way we would know that we did not receive funds was if a donor called and ask. If we are aware that we should be expecting a gift, we monitor our mail till received. Gifts are monitered on a weekly fundraising activity report.

	A	B	C	D	E	F	G	H	I	J	K	L
1	**Compliance Activity** (including law, regulation or policy requirement)	**Risk of Non-Compliance** (i.e. fine, reprimand, loss of funding, loss of accreditation, unfavorable publicity, audits, investigations, employee injury, litigation or other negative consequences.	**Responsible Party (Position)**	**Department**	**Potential Impact Before Controls (H,M,L)**	**Probability of Occurrence Before Controls (H,M,L)**	**Mitigation Operating Controls (Complete for all External "X" Compliance Items)**	**Monitoring and/or Oversight Controls**	**Rank After Controls High Medium Low**	**Mitigation Strategy Manage Monitor Accept**	**Date of Last Review**	**Evidence or Other Written Documentation of Compliance**
86	Develop a monitoring plan to insure endowment compliance and proper stewardship of donor funds, to avoid donor restrictions and/or inappropriate use of endowment funds	Loss of donor support	Dept. head	OA/ Development	M	L	Development Officer oversees compliance with SAM 03.F.02 Endowment Management and UASYS Endowment Process from UH System Treasury office within the guidelines specified by the Vice Chancellor for University Advancement	Development Officer reviews activities/reports with unit heard. Also reviewed by the UH System Stewardship office within the guidelines specified by the VC for University Advancement and subject to system and state audits	L	Monitor	12/11/2012	Stewardship Communications, endowment files and audit reports.
87												
88	SACs requirements?			Office of Institutional Effectiveness								
89												
90	Making sure student pays before leaving country	economic loss t UH	Schools		H	H	Bursar to place a "block" on student account ensuring that funds directed to study abroad are not accessed until full payment has been made	monitor cost center and communicate with bursar office on regular basis to	L	Monitor	8/16/2012	need info from Bursar office NOW. Printout of student financial records
91	Ensuring safety of students abroad	Injury bad publicity	Schools		M	L	Provide students, faculty and onsite representatives contact information for UHV staff to be reached 24 hrs a day in the event of an "after office hours" emergency. Students will have cell phone numbers as well as home phone numbers for staff of International Programs as well as all contact information to contact ISIC (using international student ID card) for assistance covered in that insurance.	*Monitor news and check email often to be aware of any adverse conditions in countries where our students are. Students are provided entailed information when international student ID card is issued and at time of orientation and will have all information necessary to contact ISIC for immediate assistance covered under that card. UHV IPSP staff will contact UHS regarding the foreign general liability insurance provided by American Home Assurance Co.*	L	Monitor	8/16/2012	MOU or
92	MOU and/or participation agreement dates, structure and quality	loss of refund if early termination	Dr. Cass	Business Services	H	L	Site visits to study quality and structure of program/in-house time table for review	site visits/review schedules/attend annual consortium meetings	L	Monitor	8/16/2012	File kept on site visits and review of program
93	Assessment review of programs/end of program review **?**	loss of funds and/or participant/univer.; programs could lapse or not renew	Tong-Ai Zhang	Institutional Research	H	L	set table flagging review dates of program	review schedule	L	Monitor	8/16/2012	MOU or other participant agreement on file in central location
94	CB/IPEDS Reporting All IPEDS reports and reports requested by CB must be submitted to the CB and IPEDS on time	Loss of funding, loss of federal financial aid funding.	Tong-Ai Zhang	Institutional Research	H	L	CB Reporting & Procedures Manual. IPEDS Reporting policies.	Annual submission of accurate data to CB and IPEDS.	H	Monitor	8/16/2012	
95	Compliance with Department of State requirements and/or recommendations. a. Submission of program participants and program itinerary to Depart of State web site. b. Notify program leader of any Department of State public announcements or consular information sheets and/or travel warnings for the area	Possible traveler injury/Complications of travel	Dr. Mehan	Provost	H	M	Provide students and faculty with Department of the State advisories as needed.	School deans are charged with monitoring Department of State for social and political situations that affect Study Abroad Programs		Monitor	8/16/2012	
96	Compliance with SACs best practices regarding Study Abroad Programs.	Possible traveler injury/Complications of travel	Dr. Mehan	Provost	H	M	Provide students and faculty with Department of the State advisories as needed.	School deans are charged with monitoring Department of State for social and political situations that affect Study Abroad Programs		Monitor	8/16/2012	
97	Fraud - Purchases	fines. dismissal/	Dr Cass	Provost	H	L	continue following set policy and procedures for purchases made	preparation of log to describe purchase and use of	L	Monitor	8/16/2012	Procard log/vouchers
98	Compliance with Coordinating Board Rules and Procedures for online certification of International Program courses.		Dr. Mehan	Provost							8/16/2012	
99	Copying Right "UHV Administrative Policies and Procedures A-5 Copying and Copyrights http://www.uhv.edu/fin/policy/A/a-5.htm Faculty Manual H-2 UH System Intellectual Property and Copyright Policy CFR Title 37 chapter II subchapters A & B	Legal argument	Dr. Cass	Provost	L	L	Both documents are distributed to the administrative units and published on the Web.	Monitored by individual faculty/staff	L	Monitor	8/16/2012	
100	Institutional Accreditation Southern Association of Colleges and Schools (SACS), Principals of Accreditation guidelines	Loss of institutional accreditation would have a severe impact on the institution including loss of public confidence, loss of students, negative public relations, possible loss of some community support.	Dr. Cass	Provost	H	H	1. Establish Institutional Effectiveness System 2. Designate SACS liaison (Provost) to keep the institution informed of the accreditation standards. 3. Appointing a steering committee for SACS review to ensure the compliance with all Principals of Accreditation.	1. Provost, deans and chairs oversees program development to ensure that the programs are in compliance with SACS requirements. 2. The liaison oversees the communication with SACS and keeps the institution informed of the changes and updates of the accreditation standards. 3. The Provost/IR is responsible for the implement of the Institutional Effectiveness System. 4. The Provost/IR offices are responsible for submit all information requested by SACS. 5. The Steering Committee oversees the preparation and submission of the self-assessment report required as part of the reaccreditation.	H	Manage	8/16/2012	Updated 2nd Quarter
101	**Approval of Academic Degree Programs** The TX Coordinating Board rules for approval of new programs are codifies in Chapter V under Title 19, Part I of the TX Administration Code (TAC). PS 03.A 13-Approval Procedure for New Degree Programs	Loss of state funding for any required courses in the unapproved degree program and other possible sanctions by the THECB.	Dr. Mehan	Provost	H	H	1. Adaption of policy statement (PS 03.A,13) on internal process for developing new programs. 2. New programs should be reviewed by UH System Provost Council before submission to Board of Regents and THECB.	1. Chairs, deans and the provost oversee program development internally to ensure information required by THECB. 2. UH Office of Academic Affairs oversees at the system level. 3. Provost's Office provides ongoing oversight to ensure all new programs go through proper approval process	L	Manage	8/16/2012	New Assessment 2nd Quarter
102	Human Subject Research "UHV Administrative Policies and Procedures G-7 Protection of Human Subjects Policy and Procedures 45 CFR 46 - Protection of Human Subjects "	Legal argument	Angela Hartmann	Research Administration	L	L	Both documents are distributed to the administrative units, and published on the Web.	UHV has a freestanding Committee for the Protection of Human Subjects (CPHS) which reviews research conducted. The signature of the Chair of the committee is required for the grant proposal sheet.	L	Monitor	8/16/2012	
103												
104	FERPA - Privacy protection of records Family Educational Rights & Privacy Act of 1974. Students have the right to consent to disclosures of personally identifiable information in their education records, except to the extent that FERPA authorizes disclosure without consent. 20 U.S.C. § 1232g; 34 CFR Part 99	Law suits, complaints to U.S. Department of Education (DOE), loss of DOE funds for financial aid and/ or DOE grants.	Registrar	Registrar	M	M	1) UHV Student Handbook 2) UHV Catalog	Maintain FERPA flags on student records; continual FERPA training to faculty and staff.	M	Manage	11/20/2012	Conduct FERPA training at new employee orientations; attend training/information sessions at professional conferences such as TACRAO (Texas Association of College Registrars and Admissions Officers); updated Policy D-1 Confidentiality of Student Records in UHV's Administrative Policies and Procedures; each long semester information is provided to students regarding their FERPA rights
105												
106	**We do not have any specialized accreditations or "test" subjects.**		Dean, School of Arts & Science	School of A&S							12/19/2012	per email from Dr. DiLeo: no risks
107												
108	Specialized Accreditations Association to Advance Collegiate Schools of Business (AACSB) International Accreditation Standards	Loss of specialized accreditation leading to damage to university image/reputation and decreased enrollment. Could also lead to difficulty recruiting and retaining high quality faculty.	Dean, School of Business	School of Business	H	H	1. Annual strategic planning including faculty development and evaluation submitted to AACSB. 2. File annual report to AACSB. 3. Annual curriculum review 4. Program assessment	1. AACSB annually reviews institutional activities reported making recommendations as necessary. 2. Every 5 years AACSB conducts a re-accreditation process by visiting the campus.	H	Manage	6/21/2013	Updated 2nd Quarter
109												

	A	B	C	D	E	F	G	H	I	J	K	L
1	**Compliance Activity** (including law, regulation or policy requirement)	**Risk of Non-Compliance** (i.e. fine, reprimand, loss of funding, loss of accreditation, unfavorable publicity, audits, investigations, employee injury, litigation or other negative consequences.	**Responsible Party (Position)**	**Department**	**Potential Impact Before Controls**	**Probability of Occurrence Before Controls (H,M,L)**	**Mitigation Operating Controls (Complete for all External "X" Compliance Items)**	**Monitoring and/or Oversight Controls**	**Rank After Controls High Medium Low**	**Mitigation Strategy Manage Monitor Accept**	**Date of Last Review**	**Evidence or Other Written Documentation of Compliance**
110	Specialized Accreditations Council for Accreditation of Counseling and Related Educational Programs (CACREP)	"Loss of specialized accreditation leading to damage to university image/reputation and decreased enrollment. Could also lead to difficulty recruiting and retaining high quality faculty."	Dean, School of Education	School of Education	H	H	1. Annual strategic planning including faculty development and evaluation submitted to CACREP. 2. File annual report to CACREP. 3. Annual curriculum review 4. Program assessment	1. Every 2 years CACREP reviews institutional activities reported by Faculty Liason making recommendations as necessary. 2. Every 8 years CACREP conducts a re-accreditation process by visiting the campus.	H	Manage	6/1/2013	Review by CACREP in April 2014
111												
112	Texas Board of Nursing rules and regulations relating to Nurse Education, Licensure and Practice §215.12. Records and Reports. (a) records shall be maintained in a confidential manner accessible to appropriate parties. (1) current students records (2) graduate transcripts/permanent record cards (3) faculty records (4) administrative records, faculty meeting minutes for the past 3 yrs, and school catalogs (5) the current program of study & curriculum with mission and goals (6) Affiliation Agreements (7) evaluation master plan	Unfavorable publicity; student or employee injury; litigation, loss of accreditation	Second Degree Program Coordinator; Dean	School of Nursing	M	L	(1) UHV: current student copies in Recruiter office under lock & key. All original & permanent records are retained by Registrar. (1) SL: records of current students; (Under double lock in nursing suite at SL, Advisor only has key). (2) UHV: transcripts, permanent records: (Registrar) (2) SL: transcripts/permanent record cards of graduates; (Not retained by SSL office). Retainable UHV Admissions (3) UHV: Faculty records: (HR has originals) (copies w/ Provost;, copy if need w/ Dean Locked file) http://www.uhv.edu/pro/Deans_guide/Fac_per_files.asp (3) SL: faculty records; (None retained by SSL office). Retainable UHV HR (4) UHV: Faculty meeting minutes: on the SON Shared drive (4) SL: administrative records, which include minutes of faculty meetings for the past three years, and school catalogs; (Not retained by SSL office) (5) UHV: Current program curriculum: stored on Q drive (5) SL: Current study program & curriculum including mission & goals (philosophy & outcomes), & course outlines; (Not retained by SSL office) (6) UHV: Affiliation agreements: copies of both SL and UHV retained in SR Admin secretary's office: Originals retained by BUS office (6) SL: agreements with affiliation agencies; (copies only retained & locked in file in SL originals retained by BSO) (7) UHV: Master plan of evaluation: Q drive (7) SL: the evaluation master plan with most recent data collection. (Not retained by SSL office)		L	Monitor	6/19/2013	NCLEX-RN pass rate for the 2012 cohort = 93.333%
113												
114	Lack of adequate measures taken to ensure safety of the public at university sponsored special events SORM Vol III Sec II Chptr 1.5	Negative public relations; potential financial penalties if negligence is found; potential loss of donations.	Special Events Coordinator; Director of Business Services (Safety Officer); Director of Facilities	Special Events	H	M	Facility maintenance issues resolved in a timely manner; setup forms turned in to facilities; security visible	Event staff approve final setup, watching for safety issues. Community & Alumni Relations internal discussion of improvements.	M	Manage	7/19/2012	
115	Inappropriate use of alcohol at university sponsored special events on campus A-41	Negative public relations; potential financial penalties if negligence is found; potential loss of donations	TABC certified provider of alcohol; sponsor; president or vice president	Special Events	H	M	Alcoholic beverage form completed; TABC certified provider secured	Permit posted; consumption monitored by TABC servers. Office of Special Events monitors servers and permits.	M	Manage	7/19/2012	
116												
117	Missing Student Notification Protocol	Unfavorable publicity; student death or serious injury, lawsuits, liability	Associate VP Student Affairs	Student Affairs	M	M	University Policy D-11 in place; new residential students notified and educated during new student orientation and residential housing orientations; Director of Student Life and Services and General Manager of Residential Housing each semester notify new residential housing students and obtain emergency contact infomration.	Policy reviewed every 2 years; Associate VP of Student Affairs and Security Officer receive each semester complete list of emergency contact information for all residential students.	L	Manage and Monitor	6/21/2013	Semester emergency contact information for students on file; policy updates 9/13/2011; Email reminder notification and acknowledgement from Director of Student Life and Services and General Manager of Residential Housing
118	UHV Counseling Center	Liability if student decompensates and procedures/best standards of practice under circumstances are not followed	UCC Director/Lead Psychologist	UCC (SA Division)	Impacts housing, AVPSA, DOS, Campus PD & Security	M	See "L" prn	See "L" prn	L	Accept	6/21/2013	UCC Dangerous & Disruptive Behavior/Serious Psychological Problem Assessment Procedures I. Purpose: UCC counselors are to assess the mental status of high risk students who pose a real threat or danger to self and/or others on campus and refer for treatment as needed. As an emergency process, high risk assessment is time sensitive, case sensitive, and in praxis requires a two (2) staff member treatment team: UCC Director/designee and
119	Student Travel UH System Administrative Memorandum Number 03.E.08; UHV Policy F-3	Liability to UHV; student injuries while traveling could expose UHV to litigation	Director, Student Life & Services	Student Life & Services	H	L	Addressed in Student Handbook on UHV website	Review Policy	M	Manage	Jun-13	Copy of Student Travel policy is found here. http://www.uhv.edu/fin/policy/f/F-3.aspx
120	Section 1. Subchapter z, Chapter 51, Education Code, is amended by adding Section 51.9361 to read as follows: At least once during each academic year, a postsecondary educational institution shall provide a risk management program for members of student organizations registered at the institution	Unfavorable audit. Safety risk for students. Possible injury to students. Liability to university. Lawsuits.	Director, Student Life & Services	Student Life & Services	M	L	1. The Student Services Office will hold an annual meeting in September for student organization members to present the risk management process 2. At least one officer and the sponsor/advisor must be present at the annual meeting. 3. Student organization members and sponsors must sign an acknowledgement form at the meeting stating that they have attended the meeting and that they agree to follow commonly accepted rules, practices, and procedures. 4. Student Organization members must promptly report safety hazards or potential problems to management or	1. Follow-up with Student Organization Presidents to ensure that all members of student organizations understand all risk management policies and procedures. 2. The Risk Manager will verify that the program has been presented to the organization members.	M	Manage	6/7/2013 Meeting for the 2013-2014 year will take place in September 2013. Has not been booked as of yet.	1. Copies of Policy A-6 Campus Safety Policy, Policy A-41 Alcoholic Beverage use on Campus, Policy A-26 Risk Management Policy, Policy C-19 Drug and Alcohol Abuse Prevention, Policy F-3 Student Travel 2. A list of attendees at the yearly Risk Management for Student Organizations meeting. 3. List of attendees will be kept on file for three (3) years. 4. Copies of acknowledgement forms from members who attended the meetings
121												
122	Software License Audit (DIR) G. C. 2054.122(a)(b)	Reprimand for late or non-compliance. May put university at risk of fines and penalties from software manufacturers for use of unlicensed software.	Help Desk Manager, Information Technologies	Tech Services	L	L	Annual Software Audit of every inventoried computer.	SMS software used to monitor annually. DIR requires annual submission of report.	L	Accept	10/1/2011	The Information Resources Management Act (Texas Government Code, Sec. 2054.122) requires state agencies, including state-supported universities, to perform a biennial software license audit. Any cost savings realized through this audit are to be reported to the Department of Information Resources (DIR) . DIR is required to "...compile the results of the audit reports it receives into a report. The report must summarize the savings realized by the software audits..."

UNIVERSITY OF HOUSTON-VICTORIA **Master Risk Assessment for Web FY11-12 Completed**

	A	B	C	D	E	F	G	H	I	J	K	L
1	**Compliance Activity** (including law, regulation or policy requirement)	**Risk of Non-Compliance** (i.e. fine, reprimand, loss of funding, loss of accreditation, unfavorable publicity, audits, investigations, employee injury, litigation or other negative consequences.	**Responsible Party (Position)**	**Department**	**Potential Impact Before Controls**	**Probability of Occurrence Before Controls (H,M,L)**	**Mitigation Operating Controls (Complete for all External "X" Compliance Items)**	**Monitoring and/or Oversight Controls**	**Rank After Controls High Medium Low**	**Mitigation Strategy Manage Monitor Accept**	**Date of Last Review**	**Evidence or Other Written Documentation of Compliance**
123	(Computer Security) Incident Report (DIR) Texas Administrative Code 202.76(d) Security Standards	Reprimand for late or non-compliance.	Network Administrator	Tech Services	L	L	None needed for reported effort.	None. DIR requires monthly submission of report.	L	Accept	7/1/2012	202.7 (f) Security incidents. (1) Security incidents shall be promptly investigated and documented. Security incidents shall be reported to the department within twenty-four hours if there is a substantial likelihood that such incidents could be propagated to other systems beyond the control of the agency.
124	IRDR (Information Resources Deployment Review)	Reprimand for late or non-compliance.	Director, Information Technologies	Tech Services	L	L	Reminder from DIR for submission.	N/A DIR requires biennial submission of report.	L	Accept	12/1/2011	Data is submitted online on DIR's System. DIR sends reminders prior to deadline.
125	BOP (LBB Biennial Operating Plan)	Reprimand for late or non-compliance.	Director, Information Technologies	Tech Services	L	L	Reminder from LBB for submission.	N/A LBB requires biennial submission of report.	L	Accept	8/11/2011	Data is submitted online on LBB's System. LBB sends reminders prior to deadline.
126												