Quality **Procedure**

Reviewed by:	Approved by:
Dayangku Hadzimah Awangku Ahmad	*Laurena Aloh*
30 March 2026	30 March 2026

Online copy of this documented information is the latest

Document No. : QP-CC-02
Revision No. : 4
Effective Date : 30 March 2026

Purpose

The procedure is established and maintained to ensure effective and timely process-based risk management is planned and implemented in Pustaka Negeri Sarawak (Pustaka).

Scope

This procedure is applicable to all relevant functions and processes in Pustaka quality management system (QMS).

Process

1.0 Determining the Scope of Risk Management

1.1 The Chief Executive Officer (CEO), Heads of Sectors (HOS), Heads of Divisions (HOD) and the Quality Management Representative (QMR) shall determine the scope of the risk management based on the organisation's processes and operational activities.

2.0 Formation of a Risk Management Team

2.1 The HOS shall form a Risk Management Team (RMT) and appoint an RMT Leader for each Division under his administration to coordinate and monitor the risk management activities.

3.0 Determination of Internal and External Issues

3.1 Once the RMT have been formed, the RMT Leader shall plan and conduct a session to determine internal and external issues that affect the purpose and strategic direction of the organisation.

3.1.1 The issues determined shall be documented in the Matrix of Internal and External Issues (MIEI).

3.1.2 The MIEI shall cover those applicable processes needed for the quality management system within the function/ department/ unit.

4.0 Risk Management Team Responsible

4.1 Risk Management Team (RMT) shall be responsible for:

a. identifying risks and opportunities;
b. assessing and evaluating risks;
c. determining risk treatment actions;
d. monitoring effectiveness of actions; and
e. maintain the Risk Register

5.0. Risk Identification

5.1 The Risk Management Team (RMT) shall identify risks and opportunities that may affect:

a. the achievement of objectives;
b. operational processes;
c. service delivery
d. customer satisfaction; and
e. compliance obligations

5.2 Identified risks shall be documented in the Risk Register

5.3. Risk identification shall include:

a. Risk Category;
b. Activity/Process;
c. Risk/Opportunity;
d. Cause of Risk;
e. Recommended Action (Risk Control);
f. Person in charge; and
g. Status of Risk

5.4. Risk identification shall be reviewed whenever;

a. there are changes in processes or services;
b. new issue arise; or
c. significant operational changes occur.

6.0 Risk Analysis and Evaluation

6.1 The Risk Management Team (RMT) shall assess each identified risk based on:

a. likelihood of occurrence or probability
b. impact or consequence of the risk

6.2. The level of risk shall be determined using the Risk Level Matrix.

6.3. Risk Level Matrix

Risk Level	Colour	Meaning	Action Priority
High Risk	Red	Serious impact and/high likelihood/probability	Immediate action required
Medium Risk	Yellow	Moderate impact and manageable risk	Mitigation and monitoring required
Low Risk	Green	Low impact and acceptable risk	Maintain existing controls and periodic monitoring

6.4. Recommended Order of Action

a) High Risk – Red
- Address immediately
- Implement corrective or mitigation actions
- Report to Top Management if necessary

b) Medium Risk – Yellow
- Development of risk treatment or improvement plans; and
- Regular monitoring to prevent escalation of risk;

c) Low Risk – Green

The following shall be maintained:
- Maintain existing controls; and
- Periodic monitoring.

7.0 Risk Treatment and Monitoring

7.1 The Risk Management Team (RMT) shall determine appropriate actions to address identified risks.

7.2 Risk treatment actions may include:

a. reducing the likelihood of occurrence;
b. reducing the impact of risk;
c. improving existing controls;
d. implementing corrective actions; or
e. monitoring acceptable risks.

7.3 The Risk Register shall include:

a. recommended actions;
b. person in charge (risk owner);
c. status of implementation

7.4 The risk owners shall be responsible for implementing and monitoring the assigned risk treatment actions.

7.5 The updated Risk Register shall be reviewed/reported during management meetings, quality management review meeting or other relevant monitoring sessions where applicable.

8.0 Risk Management Report

8.1 The RMT Leader shall prepare and maintain the Risk Management Report based on the approved Risk Register.

8.2 The report shall include:

a. identified risks;
b. risk level;
c. current controls;
d. mitigation actions; and
e. status

8.3 The Risk Management Report shall be reported to the relevant HOS/HOD for the review and monitoring.

9.0 Control of Documented Information

9.1 Upon completion of the Risk Management Report, the RMT Leader shall immediately place the report in the Risk Management File and keep the file at his office or workplace.

9.1.1 The Risk Management Report shall be categorised as “Open” document and can be accessed by every staff.

9.1.2 The Risk Management Report shall be kept for a maximum of 3 years.

9.2 When the Risk Management Report has passed its retention period, the respective HOU/HOS/HOS shall within 30 working days and through e-mail seek the permission of the CEO to dispose it in accordance with Pustaka Negeri Sarawak records management guidelines and practices based on Sarawak State Library Ordinance 1999.

Annexes

a) Risk Register Template

b) Risk Level Matrik