

AI Use Case Registration Form

Date submitted: [Date]

Basic Information

Field	Response
Submitter name and role	
Business unit / team	
System or project name	
Brief description	
AI technique	<input type="checkbox"/> Machine learning <input type="checkbox"/> Deep learning <input type="checkbox"/> Generative AI <input type="checkbox"/> Rule-based <input type="checkbox"/> Other: —
Development approach	<input type="checkbox"/> Built in-house <input type="checkbox"/> Vendor-procured <input type="checkbox"/> Open-source <input type="checkbox"/> SaaS

Stakeholder Impact

Question	Response
Who are the primary users?	
Who is affected by the system's outputs?	
What decisions does the system support or automate?	
What happens if the system is wrong?	

Data

Question	Response
What data does the system use?	
Does the data include personal information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the data include sensitive categories?	<input type="checkbox"/> Health <input type="checkbox"/> Financial <input type="checkbox"/> Biometric <input type="checkbox"/> Children <input type="checkbox"/> Other: ____
How is the data collected and with what consent?	

Risk Indicators

Question	Yes / No
Could this system affect someone's access to services, benefits, or opportunities?	
Could this system cause physical, financial, or reputational harm?	
Does this system operate in a regulated domain?	
Is human review of the system's outputs required or feasible?	
Is this a novel use of AI for the organization?	

Requested Timeline

Field	Response
Target deployment date	
Regulatory or contractual deadline?	<input type="checkbox"/> Yes: ____ <input type="checkbox"/> No

For triage use (do not fill in):

Field	Response
Risk tier assigned	[] Tier 1 [] Tier 2 [] Tier 3 [] Tier 4
Assigned reviewer	
Date triaged	