|            |   | AGENCY DISCLOSURE NOTICE: Voluntary, however, failure to use may have a negative effect on mission effectiveness at all levels and lead to failure of preserving assets and safeguarding health and welfare.   |   |                                       |   |  |  |   |           |   |                                  |                           |  |
|------------|---|--|---|---------------------------------------|---|--|--|---|-----------|---|----------------------------------|---------------------------|--|
| now/H1ae   |   | AUTHORITY: DoDI 6055.01, AFPD 90-8 and AFI 90-802. PRINCIPAL PURPOSE: Conduct a formal risk assessment and ensure the assessment is properly documented for future evaluation and reference. ROUTINE USES: Used to develop and enhance awareness and understanding of at-risk activities and behavior of |   |                                       |   |  |  |   |           |   |                                  |                           |  |
| Help       | personnel both on- and off-duty. SYSTEM OF RECORDS NOTICE: Not applicable.  |  |   |                                       |   |  |  |   |           |   |                                  |                           |  |
|            | 1. EVENT/MISSION/TASK OF RISK ASSESSMENT:   |  |   |                                       |   |  |  |   |           |   | D EVENT DAY                      |                           |  |
|            | A. EVENT DESCRIPTION  B. EVENT  |  |   |                                       |   |  |  |   |           |   |                                  | ſΕ                        |  |
|            | 2. Pl   | REP.   | ARED BY:  |                                       |   |  |  |   |           |   |                                  |                           |  |
|            | A. I  | LAS?   | Γ NAME, FIRST, MI   |                                       |   |  |  | B. RANK/GRAI  | DE        | C. DUTY TITI  | LE/POSITION                      |                           |  |
|            |   | D. WORK EMAIL  |   |                                       |   |  |  | E. PHONE DSN/COMM                                     |           |   |                                  |                           |  |
|            | D. V  |  |   |                                       |   |  |  |   |           | F. UNIT   |                                  | ŀ                         |  |
|            | G. U  | ПС/  | CIN (as required)   |                                       | H. TRA                                    | INING SUPI                                       | PORT/LESS  | ON PLAN OR OPORD (as required)                        |           |   |                                  |                           |  |
|            | <u> </u>  | J10.   | on (as require,   |                                       |   | 1111022  | ORT. ZZZZ  | 2.1. 2.1. 2.1. 2.1. 2.1. (46.1.44.1.40)               |           |   |                                  |                           |  |
| ſ          |   |  | Risk  |                                       | 1   | Frequen  | PROBABILITY Frequency of Occurrence Over Time          |   |           | DICK  | MANAGE                           | MENT                      |  |
|            | Assessment<br>Matrix  |  |   | A Frequent (Continuously experienced) | B<br>Likely<br>(Will occur<br>frequently) | C<br>Occasional<br>(Will occur<br>several times) | D<br>Seldom<br>(Unlikely; can be<br>expected to occur) | E<br>Rarely<br>(Improbable; but<br>possible to occur) |           | RISK MANAGEMEN  5 SUPERVISE & EVALUATE  1 DIDENTIFY HAZARDS |                                  |                           |  |
|            |   |  | Catastrophic<br>(Death, Loss of Asset, Mission<br>Capability or Unit Readiness)                   | I                                     | ЕН  | ЕН   | Н  | Н   | M         | & EVA   | ALUATE HAZ                       | ARDS                      |  |
|            | SEVE  | Effect o   | Critical (Severe Injury or Damage, Significantly Degraded Mission Capability or Unit Readiness)   | 11                                    | EH  | Н  | Н  | М   | L         | 4   |                                  | 2                         |  |
|            | SEVERITY  | Effect of Hazard   | Moderate<br>(Minor Injury or Damage,<br>Degraded Mission Capability<br>or Unit Readiness)         | 111                                   | н   | М  | М  | L   | L         | IMPLEMENT<br>CONTROLS                                       |                                  | ASSESS<br>HAZARDS         |  |
|            |   |  | Negligible<br>(Minimal Injury or Damage,<br>Little or No Mission Capability<br>or Unit Readiness) | IV                                    | М   | L  | L  | L   | L         |   | 3<br>DEVELOP CONTROLS            |                           |  |
|            |   |  |   |                                       | EH=                                       | Ris<br>Extremely Hig                             |  | ssessment Levels H=High M=Medium L=Low                |           | & MAKE DECISIONS  |                                  |                           |  |
|            | 3. SUB-TASK/SUB-STEP AND RISK ASSESSMENT (Fields expand as needed, Add, Remove and Move Sub-Task/Steps with left side controls) |  |   |                                       |   |  |  |   |           |   |                                  |                           |  |
|            | #   |  | A. SUB-TASK/SUB-STEP  |                                       |   |  |  | NITIAL<br>LEVEL D. CONTROL                            |           |   | W TO IMPLEMENT<br>WILL IMPLEMENT | F. RESIDUAL<br>RISK LEVEL |  |
| +          | 1   |  |   |                                       |   |  |  |   |           |   |                                  |                           |  |
| - 🔻        |   |  |   |                                       |   |  |  |   |           |   |                                  |                           |  |
| + <b>A</b> | 2   |  |   |                                       |   |  |  |   |           |   |                                  |                           |  |
|            | G. COURSE OF ACTION   |  |   |                                       |   |  |  |   |           |   |                                  |                           |  |
|            |   |  |   |                                       |   |  |  |   |           |   |                                  |                           |  |
|            | 77. (   | 27.TE  | DAY DIGWIENEL AF  | TED                                   | CONTROLG                                  | · DE DADI E                                      | S CENTRED  |   | ~~~~      |   |                                  |                           |  |
|            | H. C  | ЭVЕ  | RALL RISK LEVEL AF  | TER 0                                 | CONTROLS A                                | ARE IMPLEM                                       | MENTED   | I. PREPARER S   | JIGNATURE |   |                                  |                           |  |
|            | 4. ATTACHMENTS (Once the preparer has signed files can be viewed only)  |  |   |                                       |   |  |  |   |           |   |                                  |                           |  |
|            | ADD ATTACHMENTS Add File/Photo Remove File/Photo  |  |   |                                       |   |  |  |   |           |   |                                  |                           |  |
|            |   |  | supporting files and/or pl<br>te a complete electronic fi   |                                       |   |  |  |   |           |   |                                  |                           |  |
|            |   |  | ACCEPTANCE AUTHO  |                                       |   |  | -  |   |           | sment Review" ar  |                                  | •                         |  |
|            | A. APPROVAL/DISAPPROVAL OF EVENT/MISSION B. APPROVER LAST NAME, FIRST, MI  D. ADDITIONAL INFORMATION/APPROVER COMMENTS          |  |   |                                       |   |  |  |   |           | C. R.   | ANK/GRADE                        |                           |  |
|            |   |  |   |                                       |   |  |  |   |           |   |                                  |                           |  |
|            | E. DUTY TITLE/POSITION F. APPROVER SIGNATURE  |  |   |                                       |   |  |  |   |           |   |                                  |                           |  |

DELIBERATE RISK ASSESSMENT WORKSHEET

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|   | 6. RISK ASSESSMENT REVIEW (To be conducted when Risk Assessment applies to on-going Operations/Activities) |                         |               |  |  |  |  |  |
|---|--|-------------------------|---------------|--|--|--|--|--|
|   | A. DATE  | B. LAST NAME, FIRST, MI | C. RANK/GRADE |  |  |  |  |  |
| + |  |                         |               |  |  |  |  |  |
|   | E. REVIEWER COMMENTS   |                         |               |  |  |  |  |  |
|   |  |                         |               |  |  |  |  |  |
|   |  |                         |               |  |  |  |  |  |
|   | 7. FEEDBACK AND LESSONS LEARNED  |                         |               |  |  |  |  |  |

D. DUTY TITLE/POSITION