

CAPF 160 - DELIBERATE RISK ASSESSMENT WORKSHEET

1. ACTIVITY April Montly Safety Brief			2. DATE (DD/MM/YYYY) 01/04/2023		
3. PREPARED BY					
a. Name (Last, First, Middle Initial) Podgurski, Gary D		b. Rank SMSgt		c. Duty Title/Position Wing Safety NCO	
d. Unit Arkansas Wing		e. Email gpodgurski@cap.gov		f. Telephone (479) 285-1482	
g. Signature of Preparer //Signed//					
Five steps of Risk Management: (1) Identify the hazards (2) Assess the Risks (3) Develop Controls & Make Decisions (4) Implement controls (5) Supervise and evaluate (Step numbers do not equate to numbered items on form)					
4. SUB- ACTIVITY or SPECIFIC TASK	5. HAZARD	6. INITIAL RISK LEVEL	7. RISK CONTROL	8. HOW TO IMPLEMENT/ WHO WILL IMPLEMENT	9. RESIDUAL RISK LEVEL
Note: Each sub-activity or task will probably have multiple hazards/risks associated with it. Each one should be assessed.	Consider Hazards from each of the "5-M" categories in CAPP 163: - Member - Medium - Machine - Mission/Activity - Management	Use Risk Assessment Matrix on page 3.	Describe the actual control being used to address the specific risk.	Describe how the risk control will be implemented and monitored, and who is responsible.	Use Risk Assessment Matrix on page 3 of form
Account Fraud/ ID Theft	Member	L	Educate Member COMSEC	How: Monthly Safety Brief	L
				Who: SMSgt Podgurski	
Wiper Blades	Machine	H	Educate Member Maintenance	How: Monthly Safety Brief	L
				Who: SMSgt Podgurski	
Tornado	Member Mission Michine	EH	Educate Member Plan	How: Monthly Safety Brief	L
				Who: SMSgt Podgurski	
ADDITIONAL SPACES FOR ITEMS 4 THROUGH 9 PROVIDED ON PAGE 2					
10. OVERALL RESIDUAL RISK LEVEL - (The highest residual risk level in Column 9, with all controls implemented):					
<input type="checkbox"/> EXTREMELY HIGH		<input type="checkbox"/> HIGH		<input type="checkbox"/> MEDIUM	
<input checked="" type="checkbox"/> LOW					
NOTE: ALL RESIDUAL RISKS ASSESSED AS "H" OR "EH" MUST BE APPROVED BY CAP/CC					
11. OVERALL SUPERVISION PLAN AND RECOMMENDED COURSE OF ACTION:					
Unit Commanders and Unit Safety officers will disseminate this information as far and wide as possible. Information should be posted on Social Media as well as squadron and wing websites. After acknowledgment from members, notation should be made in SIRS					
12. APPROVAL OR DISAPPROVAL OF MISSION OR ACTIVITY					
APPROVE <input checked="" type="checkbox"/>			DISAPPROVE <input type="checkbox"/>		
a. Name (Last, First, Middle Initial) Podgurski, Gary D		b. Rank SMSgt		c. Duty Title/Position Wing Safety NCO	
d. Signature of Approval Authority //Signed//					

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(Use CAPF 160HL if additional space is needed)

4. SUB- ACTIVITY or SPECIFIC TASK	5. HAZARD	6. INITIAL RISK LEVEL	7. RISK CONTROL	8. HOW TO IMPLEMENT/ WHO WILL IMPLEMENT	9. RESIDUAL RISK LEVEL
Home Invasion	Member Property	H	Educate Member	How: Monthly Safety Brief	L
				Who: SMSgt Podgurski	
Coronavirus	Member Mission	L	Educate Member	How: Monthly Safety Brief	L
				Who: SMSgt Podgurski	
Avoidance	Member Mission	EH	Educate Member	How: Monthly Safety Brief	L
				Who: SMSgt Podgurski	
		-		How:	-
				Who:	
		-		How:	-
				Who:	
		-		How:	-
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