

DELIBERATE RISK ASSESSMENT WORKSHEET

1. MISSION/TASK DESCRIPTION AND EXECUTION DATE(S) Annual (Generic) Military Training Requirements	2. DATE PREPARED
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3. PREPARED BY

a. Name (Last, First Middle Initial)	b. Rank/Grade	c. Duty Title/Position
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d. Unit	e. Work Email	f. Telephone (DSN/Commercial (Include Area Code))
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g. UIC/CIN (as required)	h. Training Support/Lesson Plan or OPORD (as required)	i. Signature of Preparer
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Five steps of Risk Management: (1) Identify the hazards (2) Assess the hazards (3) Develop controls & make decisions
(4) Implement controls (5) Supervise and evaluate (*Step numbers not equal to numbered items on form*)

4. SUBTASK / SUBSTEP OF MISSION / TASK	5. HAZARD	6. INITIAL RISK LEVEL	7. CONTROL	8. HOW TO IMPLEMENT/ WHO WILL IMPLEMENT	9. RESIDUAL RISK LEVEL
				How:	
				Who:	

10. OVERALL RESIDUAL RISK LEVEL (All controls implemented):

EXTREMELY HIGH HIGH MEDIUM LOW

11. OVERALL SUPERVISION PLAN AND RECOMMENDED COURSE OF ACTION

12. APPROVAL OR DISAPPROVAL OF MISSION OR TASK Approve Disapprove

a. Name (Last, First Middle Initial)	b. Rank/Grade	c. Duty Title/Position	d. Signature of Approval Authority
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e. Additional Guidance:

Risk Assessment Matrix		Probability (expected frequency)				
		Frequent: Continuous, regular, or inevitable occurrences	Likely: Several or numerous occurrences	Occasional: Sporadic or intermittent occurrences	Seldom: Infrequent occurrences	Unlikely: Possible occurrences but improbable
Severity (expected consequence)		A	B	C	D	E
Catastrophic: Mission failure, unit readiness eliminated; death, unacceptable loss or damage	I	EH	EH	H	H	M
Critical: Significantly degraded unit readiness or mission capability; severe injury, illness, loss or damage	II	EH	H	H	M	L
Moderate: Somewhat degraded unit readiness or mission capability; minor injury, illness, loss, or damage	III	H	M	M	L	L
Negligible: Little or no impact to unit readiness or mission capability; minimal injury, loss, or damage	IV	M	L	L	L	L

Legend: EH - Extremely High Risk H - High Risk M - Medium Risk L - Low Risk

13. RISK ASSESSMENT REVIEW (Required when assessment applies to ongoing operations or activities)

a. Date	b. Last Name	c. Rank/Grade	d. Duty Title/Position	e. Signature of Reviewer

14. FEEDBACK AND LESSONS LEARNED

15. ADDITIONAL COMMENTS OR REMARKS