

HIGH-RISK ACTIVITIES WORKSHEET			DATE
<b>I. INDIVIDUAL DATA INFORMATION</b>			
GRADE/NAME (Last, First, MI)	AGE	UNIT/OFFICE SYMBOL	DUTY PHONE
LIST HIGH RISK ACTIVITIES (i.e., sky diving, motorcycle or auto racing, mixed martial arts, flying civilian aircraft, scuba diving, etc.)			
DATE OF LAST PARTICIPATION	FREQUENCY OF PARTICIPATION (Weekly, monthly, seasonal, occasional)		
IDENTIFY PREVIOUS EXPERIENCE			
HAZARDS OF ACTIVITY (List them)			
IDENTIFY SPECIALIZED TRAINING REQUIRED/COMPLETED FOR THIS ACTIVITY		LOCATION/AREA WHERE ACTIVITY WILL OCCUR (i.e. business, location, name, address & phone number)	
<b>II. INTERACTIVE DISCUSSION</b>			
<p><i>BRIEFING INSTRUCTIONS. Discuss training, experience, use of safety equipment, rules and precautions with personnel participating in high-risk activities. This risk assessment is not intended to prohibit personnel from participating in high-risk activities, but to ensure they are familiar with the hazards and injury potential of these activities. Ensure personnel wishing to participate in high-risk activities use appropriate safety measures. If these personnel are inadequately trained or inexperienced and (or) a threat to safety and the mission exists, they must be disengaged from participating in the activity. The individual must exercise sound judgment and self-discipline and not put life, limb, or the performance of his or Air Force duties in jeopardy.</i></p>			
PRECONDITIONS AGREED UPON DURING BRIEFING (i.e. specific location, special equipment, medical screening)			
DATE	SIGNATURE OF MEMBER		
DATE	SIGNATURE OF COMMANDER/DELEGATE		
<b>FOR OFFICIAL USE ONLY</b>			
<p><b>AUTHORITY:</b> 10 U.S.C., Chapter 40 37 U.S.C., Chapter 9, EO 9397, November 1943</p> <p><b>PRINCIPLE PURPOSES:</b> For documentation of occupational safety, fire protection, environmental and health training.</p> <p><b>ROUTINE USES:</b> Use to create a record of training and to retrieve record of safety, fire protection, and health training.</p>			

**ADDITIONAL COMMENTS**