

HIGH-RISK ACTIVITIES WORKSHEET

DATE

I. INDIVIDUAL DATA INFORMATION

GRADE/NAME (Last, First, Middle Initial)

AGE

UNIT/OFFICE SYMBOL

DUTY PHONE

LIST HIGH RISK ACTIVITIES (i.e. Flying civilian aircraft, hang gliding, sky diving, parasailing, whitewater rafting, motorcycle and auto racing, scuba diving, bungee jumping, and other activities)

DATE OF LAST PARTICIPATION (YYYYMMDD) (If applicable)

FREQUENCY OF PARTICIPATION (Weekly, monthly, seasonal, occasional)

IDENTIFY PREVIOUS EXPERIENCE

HAZARDS OF THE 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)

II. INTERACTIVE DISCUSSION

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 her Air Force duties in jeopardy.

PRECONDITIONS AGREED UPON DURING BRIEFING (i.e., specific location, special equipment, medical screening)

DATE (YYYYMMDD)

SIGNATURE OF MEMBER

DATE (YYYYMMDD)

SIGNATURE OF COMMANDER/DELEGATE

FOR OFFICIAL USE ONLY**AUTHORITY:** 10 U.S.C., Chapter 40; 37 U.S.C., Chapter 9, EO 9397, November 1943**PRINCIPAL PURPOSES:** For documentation of occupational safety, fire protection, environmental and health training.

ADDITIONAL COMMENTS
