

### CAPF 160 - DELIBERATE RISK ASSESSMENT WORKSHEET

1. ACTIVITY <b>GFA 2022</b>	2. DATE (DD/MM/YYYY) <b>04/05/2022</b>
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3. PREPARED BY

a. Name (Last, First, Middle Initial) <b>Burns</b>	b. Rank <b>Capt</b>	c. Duty Station <b>...</b>
d. Unit <b>P...</b>		e. Email <b>...@g.cap.gov</b>
g. Signature <i>[Signature]</i>		

Five steps: Identify Risks => Assess the Risks => Mitigate Risks & Make Decisions => Implement Controls => Supervise and Evaluate

4. SUB- ACTIVITY, TASK, SOURCE	5. HAZARD / OUTCOME	6. INITIAL RISK	7. CONTROLS	8. HOW TO IMPLEMENT / WHO WILL IMPLEMENT	9. RESIDUAL RISK
<i>Example: Food service, food storage</i>	<i>Example: Food spoilage; food poisoning</i>	<i>Example: Severity = Moderate; Likelihood = Likely. Initial Risk = M</i>  See matrix on page 3	<i>Example: Coolers with ice, replenished daily for food storage</i>	<i>Example: Load (number of) coolers, initial purchase (number of packs/bags) ice; purchase ice and conduct daily ice checks and runs to ensure coolers are stocked</i>  <i>Who: SM (Name or Role)</i>	<i>Example: Resulting Likelihood = Seldom. Residual Risk = L</i>  See matrix on page 3
Cadets spread out over a large area and moving between multiple venues	Cadet getting lost, left behind, violation of C/Protection Policy, etc	M <input type="button" value="v"/>	Buddy System for cadet accountability, SM accountability	<b>How:</b> Create buddy system on day 1, Instruct SM staff (especially vehicle drivers) to account for cadets before leaving an area  <b>Who:</b> GFA/CC, then all participants	L <input type="button" value="v"/>
Intense physical activity	Dehydration, minor injuries, exhaustion	M <input type="button" value="v"/>	Ensure water intake, first aid available, medical officer on site, monitor fatigue levels	<b>How:</b> Daily reminders to hydrate, appoint medical officer, monitor participants for signs of physical stress  <b>Who:</b> Medical Officer	L <input type="button" value="v"/>
Major injury or medical event	Major injury incurred or participant with pre-existing condition has a medical event	H <input type="button" value="v"/>	Awareness of pre-existing conditions, plan of action to respond to major medical incidents	<b>How:</b> Ensure intake forms include health info as required, have plan for how to access advanced medical help  <b>Who:</b> GFA/CC, GFA/SE, Med Officer	L <input type="button" value="v"/>

ADDITIONAL SPACES FOR ITEMS 4 THROUGH 9 PROVIDED ON PAGE 2

10. HIGHEST RESIDUAL RISK LEVEL - (Select the highest risk level value 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
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**NOTE: ALL RESIDUAL RISKS ASSESSED AS "H" OR "EH" MUST BE APPROVED BY CAP/CC**

11. OVERALL SUPERVISION PLAN AND RECOMMENDED COURSE OF ACTION:  
 GFA/CC will appoint a SE, medical officer and at least one Chief Pilot (if not two, one for gliders and one for tow planes). In coordination with those individuals, assets needed for the listed controls (first aid equipment, safety vests, handheld VHF radio, i.e.) will be put in place at the academy. Also, a start-of-activity briefing with all pilots for flight specific risks and then with all participants for general risks will be used to share instructions, create a buddy system, establish areas of responsibility, etc. Each morning there will be a short recap of current risks and controls during a morning briefing. GFA/SE, medical officer, & CP(s) will supervise the activity, watching for emerging risks, and advise GFA/CC on possible new or updated controls.

12. APPROVAL OR DISAPPROVAL OF MISSION OR ACTIVITY

APPROVE  DISAPPROVE

a. Name (Last, First, Middle Initial)      b. Rank      c. Duty Station / Position      d. Signature of Approval Authority

THIS IS A SAMPLE

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(Use CAPF 160HL if additional space is needed)

4. SUB- ACTIVITY, TASK, SOURCE	5. HAZARD / OUTCOME	6. INITIAL RISK	7. CONTROL	8. HOW TO IMPLEMENT / WHO WILL IMPLEMENT	9. RESIDUAL RISK
Flight training	Risks inherent to that activity	H <input type="text" value="▼"/>	FAR/CAPR/CAPS/SSA series regulations and guidance	How: Comply with existing controls Who: All participants	L <input type="text" value="▼"/>
Flight INVOF Clear SFS airspace	Possible violation of restricted area and TFR	L <input type="text" value="▼"/>	Preactivity briefing with pilots	How: Hold pre-activity brief with all pilots to ensure airspace familiarity Who: Chief pilot (s)	L <input type="text" value="▼"/>
Busy flight line	Traffic conflicts, especially between landing and departing A/C	M <input type="text" value="▼"/>	Use a Flight Line Supervisor	How: Appoint 2-3 FLS's who can rotate, provide handheld VHF radio, brief crews on role of FLS and to follow FLS instructions Who: GFA/CC then FLS's	L <input type="text" value="▼"/>
COVID19	Possible spread of COVID19 amongst group	M <input type="text" value="▼"/>	AKWG Remobilization plan as effective at time of GFA '22	How: Comply with the current Phase plan Who: All participants	L <input type="text" value="▼"/>
		-		How: Who:	-
<b>THIS IS A SAMPLE</b>				How: Who:	-
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## CAPF 160 - DELIBERATE RISK ASSESSMENT WORKSHEET

Risk Assessment Matrix		Likelihood <i>(expected frequency)</i>				
		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 <i>(expected consequence)</i>		A	B	C	D	E
<b>Catastrophic:</b> <i>Death, unacceptable loss or damage, mission failure, or unit readiness eliminated</i>	I	EH	EH	H	H	M
<b>Critical:</b> <i>Severe injury, illness, loss, or damage; significantly degraded unit readiness or mission capability</i>	II	EH	H	H	M	L
<b>Moderate:</b> <i>Minor injury, illness, loss, or damage; somewhat degraded unit readiness or mission capability</i>	III	H	M	M	L	L
<b>Negligible:</b> <i>Minimal injury, loss, or damage; little or no impact to unit readiness or mission capability</i>	IV	M	L	L	L	L

**Legend:** EH – extremely high risk    H – high risk    M – medium risk    L – low risk

**NOTE: All residual risks identified as "H" or "EH" must be approved by CAP/CC**

### 13. RISK ASSESSMENT REVIEW

a. Date	b. (Last)	c. Rank	d. Duty Title/Position	e. Signature of Reviewer
		Lt Col	GFA/SE	
			Medical Officer	
			Chief Pilot	

### 14. AFTER-ACTION FEEDBACK AND LESSONS LEARNED

Three incidents are worthy of note for the 2022 AK Wing GFA. 1) A cadet arrived at the academy with a previous injury, (ankle sprain), that was aggravated during the event. This resulted in the loss of training for that cadet of approximately two days. 2) A cadet was diagnosed with an ear infection early in the training and was placed into a "No Fly" status. This cadet was given the option of returning home to recuperate. The cadet chose to remain at the academy and offered to serve in the capacity of flight logger and WMIRS data manager assistant. 3) The mosquito population at CLR was more pronounced than anticipated and one participant suffered an adverse reaction to the bites. Lesson learned is that we were not prepared to offer any form of bite therapy such as hydro-cortisone, ("Cort-Aid"), or "After Bite" or "Bite Eaze."

Approximately half way into the event our medical officer became ill and left for home. We had not made an arrangement for a replacement to fill this capacity. For future planning the process of "passing the baton" when a position becomes vacant should be more formalized.

## Instructions for Completing CAPF 160 - Deliberate Risk Assessment Worksheet

**1. Activity:** Briefly describe the overall Activity for which the deliberate risk assessment is being conducted (e.g., SAREX, Wing Encampment, NCSA, etc.).

**2. Date:** The date of the activity.

**3. Prepared By:** Information provided by the individual conducting the risk assessment for the activity

**4. Sub-Activity, Task, Source:** Describe each sub-activity, task, and/or source of potential damage, injury, or illness.

**Examples:** *Sports Activity, relay race; Food preparation and service, food storage*

**5. Hazard and Outcome:** Describe the most likely event that could lead to an outcome (i.e. damage, injury, or illness).

**Examples:** *Running and falling - sprains, bruises, cuts; Food spoilage - food poisoning*

**6. Initial Risk:** Use the Risk Assessment Matrix on page 3 to determine the likelihood and severity of damage, injury, or illness before controls are decided and implemented. Select the resulting risk level.

**Example:** *If the severity of a sprain is determined to be **moderate** and the likelihood is determined to be **occasional** before controls are implemented, the initial risk is "M"*

**7. Control:** Describe or explain the risk controls and/or methods to be used to reduce the risk level associated with the hazard and outcome identified

**Example:** *The control for a sprain might be to **mark uneven surfaces with small orange flags and brief participants on their location***

**8. How to Implement / Who Will Implement:** Briefly describe how each control will be implemented and the name of the individual who has primary responsibility for implementing and monitoring the risk control.

**Example:** *Assign surface evaluation, flag marking, and briefing to a senior member by name*

**9. Residual Risk Level:** Using the same severity as in the initial risk assessment, use the Risk Assessment Matrix on page 3 to determine the resulting likelihood of damage, injury, or illness after controls are decided and implemented. Select the resulting risk level.

**Example:** *If the resulting likelihood of a sprain is **seldom** after controls are implemented, the residual risk is "L"*

**10. Highest Residual Risk After Controls Are Implemented:** Determine the highest residual risk level from block 9. NOTE: Any activity with residual risk identified as "EH" or "H" must be approved by CAP/CC.

**11. Supervision Plan and Recommended Course of Action:** Completed by preparer. Summarize the overall risk management plan for the Activity, including identification of individual responsible for on-going evaluation of plan and supervision of real time risk management.

**12. Approval/Disapproval of Activity:** The leader in charge of the event (Activity Director, Commander, Incident Commander, etc.) approves or disapproves the Activity based on the overall risk assessment in Block 10.

**13. Risk Assessment Review:** For on-going activities, the approval authority (Block 12) should appoint individuals with sufficient oversight of the activity to periodically review risk controls to determine if they are effective or if overall risk has changed. If the overall risk rises above the level already approved, operations should cease until the appropriate approval authority is contacted and approves continued operations. Signature signifies review complete and event continues as planned.

**14. After-Action Feedback and Lessons Learned:** Provide specific input on the effectiveness of risk controls and their contribution to mission success or failure. Include recommendations for new or revised controls, practical solutions, or alternate actions. Submit and brief valid lessons learned as outlined in CAPR 160-1.

**Additional Guidance:** Use CAPF 160HL if additional rows are needed for hazard assessments.