



DEPARTMENT OF THE AIR FORCE
HQ PACIFIC AIR FORCES

17 Oct 2011

MEMORANDUM FOR ALL PACAF PERSONNEL

FROM: HQ PACAF/SE

SUBJECT: High-Risk Activities (HRA) Program

1. The Air Force regards its members as its most important asset and requires each of us to take reasonable care to prevent injury or loss of life. High-risk sports and recreational activities require particular vigilance. AFI 91-202, Attachment 12 defines high-risk activities and outlines the responsibilities of commanders, supervisors and participants. Though only military members are required to participate in this program, civilians are encouraged to utilize this guide before participating in high-risk activities.

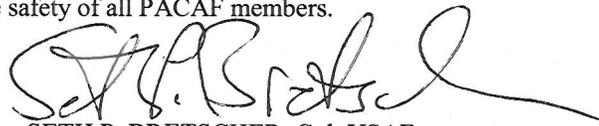
2. Military personnel participating in the following and *similar* activities must inform their immediate supervisor of their participation:

<u>All Terrain Vehicle (ATV) Use</u> <u>Auto Racing</u> <u>Skiing/Snowboarding</u> <u>Boating</u> <u>Bungee Jumping</u> <u>Civil Helicopter Flying</u> <u>Civil Light Aircraft Flying</u>	<u>Dirt Biking</u> <u>Experimental Aircraft Flying</u> <u>Hot Air Ballooning</u> <u>Hunting</u> <u>Jet Skiing/Personal Water Craft</u> <u>Kayaking/Canoeing</u> <u>Motorcycle Racing</u> <u>Mountain Climbing/Rappelling</u> <u>Parasailing</u>	<u>Rodeo Activities</u> <u>Scuba Diving</u> <u>Ski Jumping (snow)</u> <u>Sky Diving</u> <u>Snowmobiling</u> <u>Soaring</u> <u>Ultralight Aircraft / Powered parachute</u> <u>White Water Rafting</u>
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3. Commanders will discuss the High Risk Activities program with new unit members during unit in-processing. After in-processing, supervisors or USRs will counsel individuals who wish to participate in HRAs. Discuss training, experience, use of safety equipment, rules, and precautions with personnel wishing to participate in HRAs and determine the risk associated with participating in the HRA for that individual. Based on the amount of risk, supervisors will up-channel HRA participation authority to the appropriate level. Attached is a guide to assist you with this program. These intervention measures are designed to ensure awareness of the hazards and injury potential of these activities, not to prohibit participation. However, commanders should ensure individuals who participate in a HRA take appropriate safety measures. AF Form 4391, High-Risk Activities form, **will be** used to document the counseling. When completed, file AF Form 4391 including applicable HRA checklists, with the member's AF Form 55 in his/her PIF or electronic means to document the activities the airman has been counseled on. Squadrons/units will maintain a database of their HRA individuals; PACAF/SEG has provided an excel spreadsheet as a suggested tracking tool for squadrons/units to use.

4. PACAF/SEG will maintain a COP/share-point that will at a minimum have this HRA guide, the HRA excel tracking tool and a link to AF Form 4391.

5. In no case does the commander's role replace the individual's responsibility. Individuals must exercise sound judgment and risk management to preserve their ability to perform their Air Force duties. Take time to address risk management and our concern for the safety of all PACAF members.


SETH P. BRETSCHER, Col, USAF
Director of Safety

Attachment:
HQ PACAF HRA Safety Guide



PACAF

HIGH-RISK ACTIVITIES SAFETY GUIDE

OPR: HQ PACAF/SEG

FOREWORD

This High-Risk Activities (HRA) guide provides commanders and supervisors information to assist in fulfilling their responsibilities outlined in AFI 91-202, Attachment 12, and contains the following resources:

- national contacts for several HRAs including Internet links
- a basic guide to personal risk management to include the Risk Assessment Matrix
- briefing checklists for identified HRAs with a risk assessment matrix to aid the commander's decision in approving HRA participation

The intent of this guide is to support and document the commander's evaluation of an individual's suitability to participate in high-risk activities. Commanders may modify any part of this guide to meet their own safety concerns. **Additionally, commanders have the authority to include additional high-risk activities not currently identified in this program.**

Chance favors the prepared individual. Increase your chances of an enjoyable outing by being prepared for hazards associated with high-risk activities.

ALL-TERRAIN VEHICLES (ATVs)

ATV Safety Institute

2 Jenner Street, Suite 150

Irvine, CA 92618-3806

(949) 727-3727

(800) 887-2887 (Training Courses)

<http://www.atvsafety.org>

AUTO RACING

American Hot Rod Association

N. 111 Hayford Rd.

Spokane WA 99204

(509) 244-2372

National Hot Rod Association

2035 Financial Way

Glendora CA, 91740

(626) 914-4761

http://www.etownraceway.com/drag_racing_safety_and_helmets_rules.aspx

SKIING / SNOWBOARDING

National Ski Patrol System

Ski Patrol Bldg Ste.100

133 S. Van Gordon St

Lakewood CO, 80228

(303) 988-1111

Professional Ski Instructors of America

133 S. Van Gordon St. Ste. 101

Lakewood CO, 80228

(303) 987-9390

International Society for Skiing Safety (ISSS)

<http://www.ski-injury.com/prevention.htm>

National Ski Areas Association

http://www.nsaa.org/nsaa/safety/ski_and_snowboarding_tips.asp

BOATING

U.S. Coast Guard

<http://www.uscgboating.org/>

Boat Owners Association of the U.S.

880 S.Pickett St

Alexandria VA, 22304

(703) 370-4202

<http://www.boatsafe.com/> (Online Safety Courses)

BUNGEE JUMPING

<http://news.bbc.co.uk/1/hi/wales/2217486.stm>

<http://bungeezone.com/types/>

CIVILIAN HELICOPTER FLYING

Helicopter Club of America

217 N. Washington St

Alexandria VA 22314

(703) 684-6777

<http://www.helicopterlinks.com/organizations/index.htm>

CIVILIAN LIGHT AIRCRAFT FLYING

Aircraft Owners and Pilots Association (AOPA)

421 Aviation Way

Frederick, MD 21701

301/695-2000

<http://www.aopa.org/>

DIRT BIKING

<http://www.webbikeworld.com/Motorcycle-Safety/safetypage.htm>

<http://www.arrivealive.co.za/pages.asp?mc=alternative&nc=cyclesafety>

EXPERIMENTAL AIRCRAFT FLYING

Experimental Aircraft Association

P.O. Box 3086
Oshkosh WI 54903-3086
(414) 426-4800

HANG GLIDING

U.S. Hangliding Association

559 E. Pikes Peak Ste. 101
P.O. Box 8300
Colorado Springs CO 80933

http://www.hanggliding.org/wiki/Hang_Gliding_Safety_Tips

HOT AIR BALLOONING

The Balloon Federation of America

PO Box 400
Indianola, IA 50125
515-961-8809
<http://www.bfa.net/>

HUNTING

Cumberland Ranger District

2375 KY 801 South
Morehead, KY 40351
606-784-6428

<http://www.fs.fed.us/r8/boone/safety/camp/huntsafe.shtml>

JET SKIING / PERSONAL WATER CRAFT

International Jet Ski Boating Association

1239 E. Warner Ave.
Santa Ana CA, 92705
(714) 751-4277

KAYAKING / CANOEING

American Canoe Association
108 Hanover Street
Fredericksburg, VA 22401
Phone: (540) 907-4460
<http://www.americancanoe.org/>

MOTORCYCLE RACING

American Motorcyclist Association

P.O. Box 6114
Westerville OH, 43081
(614) 891-2425
(800) 447-4700

MOUNTAIN CLIMBING / RAPPELLING

The Colorado Mountain Club

710 10th Street, #200
Golden, Colorado, 80401
(303) 279-3080
<http://www.cmc.org/cmc/index.html>

The American Safe Climbing Association

<http://www.safeclimbing.org/>

http://www.lakedistrictletsgo.co.uk/activities/climbing/climbing_safety.html

PARASAILING

http://www.ehow.com/how_8987_outfit-yourself-parasailing.html

RODEO ACTIVITIES

<http://www.flooglebinder.com/sports/bull-riding/>

<http://www.ca.uky.edu/agc/pubs/4af/4af05ma/4af05ma.htm>

SCUBA DIVING

Professional Scuba Diving Association

9487 N.W.115 AVE
Ocala Fl 34482
(352) 368-7974

Professional Association of Diving Instructors

305151 Tomas St.
Rancho Santa Margatita, CA 92688-2125
(800) 729-7234
(949) 858-7234

SKI JUMPING (SNOW)

<http://www.complete-skier.com/Technique/Alpineskiing/Jumping/>

SKY DIVING

U.S. Parachute Association

1440 Duke St.
Alexandria VA, 22314
(703) 836-3495

SNOWMOBILING

http://www.snowmobilers.org/saferider/homepage/page_00.html

<http://www.snowmobile.org/snowmobilesafety.asp>

SOARING

National Soaring Foundation

Hobbs Industrial Airpark
Hobbs NM, 88241
(505) 392-6032

ULTRALIGHT AIRCRAFT / POWERED PARACHUTE

<http://www.ultralightnews.com/features/>

United States Ultralight Association

P.O. Box 667, Frederick, MD 21705-0667
Phone: (301) 695-9100

<http://www.usua.org/Instructors/safetyandtraining.htm>

WATERSKIING

American Water-Ski Association

799 Overlook Dr.
Winter Haven FL, 33884
(941) 324-2472

U.S. Coast Guard

<http://www.uscgboating.org/>

American Red Cross

<http://swpa.redcross.org/?id=24&sub=93&sid=>

<http://waterski.about.com/library/weekly/aa070400.htm>

WHITE WATER RAFTING

<http://www.americanwhitewater.org/content/Safety/viww/>

Personal Risk Management For High-Risk Activities

This instructional guide is for use by members to conduct a risk assessment of their HRA. The risk involved can be easily assessed and appropriate steps can be taken to minimize exposure to risks or mitigate risks in order to make the high adventure activity as safe as possible. Use this guide as a risk-awareness tool in assessing your ability to participate safely in these activities. Your Unit Safety Representative or ORM Advisor can help. AFI 90-901, Operational Risk Management (ORM), is an additional tool for use in assessing the risk associated with any activity, not just high-risk activities.

Four basic principles of ORM

1. Accept no unnecessary risk
2. Make risk decisions at the appropriate level
3. Accept risk when benefits outweigh the costs
4. Integrate ORM into operations and planning at all levels

There is a six-step process to apply to the principles and arrive at a course of action. Use the process for a detailed evaluation of a HRA.

The six-step process for dealing with risk:

1. Identify the Hazards: Use all available information and resources to identify hazards that may be applicable to the HRA. You should use past experience, applicable HRA instructions, lessons learned from previous similar accidents, what if scenarios, and other expert advice.
2. Assess the Risk: What are the inherent dangers of equipment and consequences of an accident? Do environmental conditions have a positive or negative effect on safety? What is the skill level of those participating? Is there a proficiency/qualification or licensing requirement? Is the individual physically and mentally up to the challenge? Is there a statistical accident frequency established? What safeguards are required for any hazardous material involved? Is supervision necessary and available? These are a few of the questions that should be asked. You may consider more.
3. Analyze Risk Control Measures: Identify control options. Avoid or reduce risk, plan or design HRA to minimize hazards. What safety equipment and/or procedures are required? Are there warning devices required? Can procedures and training spread out the risk over time or space? Analyze effectiveness and efficiency of control measures.
4. Make Control Decisions: Am I aware of all potential hazards and associated risks and the resources available to implement proposed risk controls? Determine what control measures will be used. Who is accountable? Do the benefits outweigh costs?
5. Implement Risk Controls: To participate in the HRA, make implementation rules very clear, i.e., laws, safety rules, etc. Establish clear accountability. Ensure controls are in place prior to participating in the HRA.
6. Supervise and Review: Ask questions. Are risk controls effective and remain in place? Is supervision present? Are HRA procedures being followed in a safe manner? Review with participant: Were all hazards associated with the HRA identified? Are control measures effective? Was the HRA safely completed? Are improvements needed? Any lessons learned? Get feedback.

RISK ASSESSMENT MATRIX

Hazard Probability

		Checklist Score				
		80-100	60-80	40-60	20-40	0-20
Experience	Novice	Extremely				
	Minimal	High	High			
	Moderate			Medium		
	Expert				Minimal	
		Risk Levels				

Tips for using the commander's high-risk briefing checklists and risk assessment matrix:

Step 1: Review the appropriate checklist for the applicable high-risk activity. Assign the appropriate score for each question.

Step 2: Total the score for the entire checklist. Apply that number to the risk management matrix.

Step 3: Based on your assessment of the individual's skill in the particular HRA, select an experience level.

Step 4: The intersection of these two items determines a person's individual risk level.

Step 5: Determine the authorization level. Elevate this decision up the chain of command based on risk level:

- Minimal – requires supervisor or Unit Safety Representative approval.
- Medium – requires Supervisor approval.
- High – requires Squadron/CC approval.
- Extremely High – requires Wing/CC approval.

Step 6: When complete, document the counseling on an AF Form 439. Attach the AF Form 439 to the member's Form 55 and place them in the individual's PIF.

All Purpose Checklist		Page 1 of 1 Pages	
Title/Subject/Activity/Functional Area		OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR ALL TERRAIN VEHICLE (ATV) USE			
Number	Item	Score	Total
1	How long have you been riding? (5+ Years = 0 / 1-5 Years = 5 / 0-1 Year = 10)		
2	How often do you ride? (Very Often = 0 / Sometimes = 5 / Rarely = 10)		
3	Will you be wearing the appropriate safety gear? (helmet, goggles, boots, long pants, long sleeve shirt, and proper reflective gear if riding at night) (Yes = 0 / No = 15)		
4	Are you familiar with the location and terrain where you will be riding? (Yes = 0 / No = 10)		
5	If you plan on riding at night, do you insure the headlight is working properly? (Yes = 0 / No = 10)		
6	Is it considered safe and is it legal to ride an ATV in the areas you normally ride? (Yes = 0 / No = 15)		
7	Have you attended any rider safety courses? (Yes = 0 / No = 10)		
8	Do you perform all required maintenance on the ATV? (Yes = 0 / No = 10)		
9	Before riding, do you perform a road check of the vehicle? (tires, brakes, lights, cables, fuel lines, etc.) (Yes = 0 / No = 10)		
10	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
	For more information go to following web sites:		
	http://www.atvsafety.org		
	Hazards of the Activity:		
	1. Running out of gas / breaking down in remote location.		
	2. Flipping the vehicle.		
	3. Darkness.		
	4. Getting lost.		
	5. Riding on/through private property and angering owner.		
	6. Riding in low-visibility.		
	7. Inadequate safety equipment.		
	8. Rapidly changing weather conditions.		
	9. Peer pressure.		

All Purpose Checklist		Page 1 of 1 Pages	
Title/Subject/Activity/Functional Area		OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR AUTO RACING			
Number	Item	Score	Total
1	Have you ever raced automobiles before? (Yes = 0 / No = 10)		
2	Is the race you are participating in a Sports Car Club of America (SCCA) sanctioned event? (Yes = 0 / No = 10)		
3	Prior to racing, is your car inspected by the proper authority? (Yes = 0 / No = 10)		
4	Are you currently a member of the SCCA or have you previously raced with the SCCA? (Yes = 0 / No = 10)		
5	Have you familiarized yourself with the General Competition Rules (commonly referred to as the GCR) which provide the requirements placed on all competitors of the SCCA? (Yes = 0 / No = 10)		
6	Do you have the required battery tie down installed in the vehicle you will be racing? (Yes = 0 / No = 10)		
7	Is there a three-point seat belt or harness in the car? Does the car have a roll bar? (Both Yes = 0 / Only 1 Yes = 5 / Both No = 10)		
8	Will you be wearing a DOT approved helmet while you are racing? (Yes = 0 / No = 10)		
9	Will fire-resistant clothing be worn? (Yes = 0 / No = 10)		
10	Are you familiar with the track on which you will be racing? (terrain, conditions) (Yes = 0 / No = 10)		
11	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
	For more information go to following web site: http://www.scca.org		
	Hazards of the Activity:		
	1. Inadequate safety equipment.		
	2. Unknown vehicle discrepancies.		
	3. Racing on unfamiliar tracks/conditions.		
	4. Racing while fatigued.		
	5. Vehicle fires.		
	6. High-speed collisions.		
	7. Peer pressure.		

Title/Subject/Activity/Functional Area		OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR SKIING/SNOWSHOEING/SNOWBOARDING			
Number	Item	Score	Total
1	Have you skied or snowboarded before? (Yes = 0 / No = 10)		
2	Have you taken lessons from a certified instructor? (Yes = 0 / No = 10)		
3	If yes, have you taken refresher lessons in the past 5 years? (Yes = 0 / No = 10)		
4	Do you check with the local ski patrol for conditions and study a map of the area you will be skiing or snowboarding? (Yes = 0 / No = 10)		
5	Do you ski or snowboard alone? (Yes = 10 / No = 0)		
6	Do you follow posted signs and rules? (Yes = 0 / No = 10)		
7	Have you had your bindings checked by a professional on a regular bases? (Yes = 0 / No = 10)		
8	Do you ski or snowboard beyond your means or on closed trails and/or out-of-bounds areas? (Yes = 0 / No = 10)		
9	Do you wear recommended PPE for snowboarding, i.e. wrist guards and helmet? (Yes = 0 / No = 10)		
10	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
11	<p>For more information go to following web site(s): http://www.nsaa.org/nsaa/safety/ski_and_snowboarding_tips.asp http://www.utahsafetycouncil.org/assets/tsh/ski_and_snowboard_safety.pdf</p> <p>Hazards of the Activity:</p> <ol style="list-style-type: none"> 1. Failure of skiers to ski within their abilities. 2. Unable to stop or avoid other people or objects. 3. Existing and changing snow conditions and weather. 4. Variations in terrain 5. Alcohol 		

All Purpose Checklist		Page 1 of 1 Pages	
Title/Subject/Activity/Functional Area		OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR BOATING			
Number	Item	Score	Total
1	Have you completed a safe boating course? (Yes = 0 / No = 5)		
2	Are you aware of the boating laws of the applicable state? (Yes = 0 / No = 5)		
3	Do you have your boat and trailer inspected periodically by a trained/certified individual with emphasis placed on safety? (Yes = 0 / No = 5)		
4	Do you routinely inspect your boat and trailer? (Yes = 0 / No = 5)		
5	Has your boat been inspected by the Coast Guard Auxiliary? (Yes = 0 / No = 5)		
6	Before launching, do you obtain the latest weather forecast for your boating area? Do you take a radio and monitor the weather forecast? (Yes = 0 / No = 5)		
7	Do you take a cell phone with you while boating? (Yes = 0 / No = 5)		
8	Do you develop a "float plan" before embarking and leave it with someone you trust? (Yes = 0 / No = 5)		
9	Do you and all passengers wear a serviceable personal flotation device (PFD) while on the water? (Yes = 0 / No = 10)		
10	Do you plan to boat at night and if you do, do you have a spotlight? (Yes = 0 / No = 10)		
11	Do you know the body of water well enough to make safe maneuvers? (Yes = 0 / No = 5)		
12	Do you and all passengers abstain from consuming alcohol while boating? (Yes = 0 / No = 10)		
13	Can you swim? (Yes = 0 / No = 10)		
14	Is all required emergency gear; i.e., fire extinguishers, bailer, paddle, anchor & line, signaling device, first aid kit, tool kit, etc., in place? (Yes = 0 / No = 5)		
15	Do you ensure that you never exceed your boat's safe carrying capacity? (Yes = 0 / No = 10)		
16	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
	<p>For more information go to the following web site: http://www.uscgboating.org/</p> <p>Hazards of the Activity:</p> <ol style="list-style-type: none"> 1. Crowded or busy lake. 2. Inadequate / too few life vests. 3. Underwater obstacles. 4. Inadequate / unsafe equipment for passengers in tow. 5. Running out of gas or breaking down. 6. Drinking. 7. Peer pressure. 		

All Purpose Checklist

Title/Subject/Activity/Functional Area

OPR/Process Owner

Date

COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR BUNGEE JUMPING

Number	Item	Score	Total
1	Have you ever bungee jumped before? (Yes = 0 / No = 15)		
2	Is the company you will be jumping with or the "jumpmaster" registered with the USBA (United States Bungee Association) thus ensuring certain rules and safety items are adhered to? (Yes = 0 / No = 15)		
3	Are you familiar with the difference between Bungy (lower velocity, smoother ride) and Bungee (more freefall, higher G-load)? (Yes = 0 / No = 10)		
4	Will you be jumping from a bridge or a crane with a "cage-type" platform? (Yes = 0 / No = 10)		
5	If jumping from a crane, are you aware of the restrictions placed on the angle of the crane, the height of the cage and distance the cage should be below the crane so that you may recognize an improperly operated "crane-jump" business? (Yes = 0 / No = 10)		
6	If the jump will be accomplished off of a car/pedestrian bridge, do you realize that there are only a few bridges in all of North America that have been approved for bungee jumping and that the organization operating off of a bridge is most likely doing so illegally? (Yes = 0 / No = 10)		
7	Are you familiar with the wind restrictions associated with bungee jumping? (Yes = 0 / No = 10)		
8	Will you be making an ankle jump, or will you be tied off at the waist? (Waist = 0 / Ankle = 10)		
9	If tied off at the waist, will the required "cradle-type" harness be used? (Yes = 0 / No = 10)		
1	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
	<p>For more information go to the following web site: http://bungeezone.com/</p>		
	<p>Hazards of the Activity:</p> <ol style="list-style-type: none"> 1. Inadequate / unsafe equipment. 2. Unfamiliar with jumping procedures. 3. Inadequate stretching (pulling a muscle, whiplash, etc.). 4. Inadequate/Non-existent ground cushion or arresting device (air bag, pool, etc.) 5. Open platforms at altitude. 6. Drinking. 7. Peer pressure. 		

All Purpose Checklist		Page 1 of 1 Pages	
Title/Subject/Activity/Functional Area		OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR CIVILIAN HELICOPTER FLYING			
Number	Item	Score	Total
1	How long have you been flying helicopters? (5+ Years = 0 / 1-5 Years = 5 / 0-1 Year = 10)		
2	How many hours do you have? (500+ Hours = 0 / 100-500 Hours = 5 / 0-100 Hours = 10)		
3	Do you own or rent the helicopter you fly? (Own = 0 / Rent = 5)		
4	When you fly, do you ensure that you are current in the helicopter, and that you have a current FAA pilot license and current FAA medical certification? (Yes = 0 / No = 20)		
5	Are you thoroughly familiar with the helicopters you fly before you fly them alone? (Yes = 0 / No = 15)		
6	If you rent, do you ensure the aircraft has an appropriate airworthiness certificate on board? (Yes = 0 / No = 10)		
7	When you fly cross-country, do you take into consideration weather, destination surroundings, pressure altitude affects, etc.? (Yes = 0 / No = 15)		
8	When you fly with passengers, do you comply with the Federal Aviation Regulations regarding proficiency? (takeoff & landing requirements) (Yes = 0 / No = 15)		
9	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
	<p>For more information go to the following web site: http://www.helicoptersafety.org/</p> <p>Hazards of the Activity:</p> <ol style="list-style-type: none"> 1. Lack of proficiency / training. 2. Passengers unfamiliar with safe flight operating procedures. 3. Flying in unfamiliar terrain, airspace, or weather conditions. 4. Incapacitating illness / airsickness (passengers, pilot). 5. Peer pressure. 6. Drinking. 		

All Purpose Checklist

Title/Subject/Activity/Functional Area	OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR CIVILIAN LIGHT AIRCRAFT FLIGHT		

Number	Item	Score	Total
1	Do you hold an FAA pilot license and current FAA medical certification? (Yes = 0 / No = 20)		
2	Do you understand the flight requirements of Federal Aviation Regulations (FAR) part 61 and part 91 as they apply to you? (Yes = 0 / No = 10)		
3	Have you been checked out to fly your aircraft by a certified flight instructor (CFI) who is experienced in that airplane in the phases of flight that you intend to participate, and do you know the aircraft's limitations? (examples: new aircraft, high performance aircraft or tailwheel aircraft checkout required by FAR part 61) (Yes = 0 / No = 10)		
4	Have you successfully completed a flight review, received a new or additional FAA rating, or completed any full phase of the FAA Wings Program within the past two years? (Yes = 0 / No = 10)		
5	Have you flown often in the area in which you're planning to fly? (Yes = 0 / No = 15)		
6	When planning a cross-country flight, do you consider weight and balance, fuel consumption, landmarks and familiar/unfamiliar terrain, effects of density altitude, etc? (Yes = 0 / No = 10)		
7	Does the aircraft have an airworthiness certificate and current annual inspection? (Yes = 0 / No = 10)		
8	If planning formation flying, do you understand that all formation flying must be briefed and agreed upon by all pilots involved? (Yes = 0 / No = 5)		
9	If flying in mountainous terrain, have you received the appropriate training before flying into the environment? (Yes = 0 / No = 5)		
10	Do you realize that there is never anything going on at work that justifies the compromise of flight safety, or that requires you to push past the limit on marginal or worse flying weather? (Yes = 0 / No = 5)		
11	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
	<p>For more information go to the following web site: http://aviation-safety.net/index.php</p> <p>Hazards of the Activity:</p> <ol style="list-style-type: none"> 1. Lack of proficiency / training. 2. Passengers unfamiliar with safe flight operating procedures. 3. Incapacitating illness / airsickness. 4. Flying in unfamiliar terrain, airspace, or weather conditions. 5. Peer pressure. 6. Drinking. 		

All Purpose Checklist		Page 1 of 1 Pages	
Title/Subject/Activity/Functional Area		OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR DIRTBIKING			
Number	Item	Score	Total
1	How would you rate your experience with motorcycles and dirtbiking? (Expert = 0 / Intermediate = 5 / Novice = 10)		
2	Do you wear a helmet and eye protection? (full face with goggles preferred) (Yes = 0 / No = 20)		
3	Do you wear recommended safety equipment? (high ankle boots, leather gloves, long sleeve shirt, pants, pads) (Yes = 0 / No = 20)		
4	Do you ride with a partner? (Yes = 0 / No = 10)		
5	Do you carry a small tool kit when you ride? (Yes = 0 / No = 10)		
6	Do you ride at a level within your abilities? (Yes = 0 / No = 10)		
7	Do you perform an inspection on your bike prior to riding? (Yes = 0 / No = 10)		
8	Do you let someone know where you will be and how long you will be gone each time you ride? (Yes = 0 / No = 10)		
9	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
	<p>For more information go to the following web site: http://www.dirt-bike.us/riding.htm http://www.dirtbikeschool.org/</p> <p>Hazards of the Activity:</p> <ol style="list-style-type: none"> 1. Riding without proper safety equipment. 2. Unsafe bike/equipment. 3. Riding on unfamiliar track/conditions. 4. Lack of first aid kit/help accessible. 5. Peer pressure. 6. Drinking. 7. Worn tires. 		

All Purpose Checklist		Page 1 of 1 Pages	
Title/Subject/Activity/Functional Area		OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR EXPERIMENTAL AIRCRAFT FLYING			
Number	Item	Score	Total
1	Are you experienced in flying experimental aircraft? (Yes = 0 / No = 15)		
2	Are you insured for this type of flying? (Yes = 0 / No = 5)		
3	Does the pilot of the aircraft have a current FAA license and FAA medical certification? (Yes = 0 / No = 15)		
4	Does the pilot have his/her required biennial flight review? (Yes = 0 / No = 15)		
5	Are you aware that if you perform aerobatics, they can be done no lower than 1500' AGL unless the pilot has an appropriate waiver and parachutes are required? (Yes = 0 / No = 5)		
6	If planning FAA-defined aerobatics, are you a reasonably experience aerobatic pilot? (Yes = 0 / No = 10)		
7	If planning formation flying, do you understand that all formation flying must be briefed and agreed upon by all pilots involved? (Yes = 0 / No = 5)		
8	Does this aircraft have a stall warning system? (Yes = 0 / No = 10)		
9	Are you familiar with the pre and post stall characteristics of this aircraft? (Yes = 0 / No = 10)		
10	Will you be conservative and not attempt something you haven't practiced in dual training with a FAA instructor? (Yes = 0 / No = 10)		
11	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
	<p>For more information go to the following web site: http://www.eaa.org/</p> <p>Hazards of the Activity:</p> <ol style="list-style-type: none"> 1. Unfamiliar with aircraft behavior/flight characteristics/operating procedures. 2. Flying in unfamiliar terrain, airspace, or weather conditions. 3. Drinking. 4. Forced landings in uneven terrain. 5. Substandard aircraft / components. 		

All Purpose Checklist

Title/Subject/Activity/Functional Area	OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR HOT AIR BALLOONING		

Number	Item	Score	Total
1	Are the company and pilot you plan to fly with accredited? (Yes = 0 / No = 20)		
2	Does the pilot hold a commercial balloon pilot's license? (Yes = 0 / No = 20)		
3	Does the aircraft have an airworthiness certificate and current annual inspection? (Yes = 0 / No = 20)		
4	The FAA regulates Hot Air Ballooning and the balloonist must comply with all the rules set therein. Are you familiar with them? (Yes = 0 / No = 10)		
5	Have you considered terrain, weather and population of both take-off and landing zones? (Yes = 0 / No = 10)		
6	How far are you ballooning? Do you have contingency plans for problems that may arise? (Yes = 0 / No = 20)		
7	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
	For more information, go to the following web-site: http://www.weflyhotair.com/pages/safety.html		
	Hazards of the Activity:		
	1. Lack of proficiency / training.		
	2. Soaring in unfamiliar terrain, airspace, or weather conditions.		
	3. Flight in areas with limited/no contingency landing sites.		
	4. Worn / broken equipment.		
	5. Sudden wind shifts / gusts.		
	6. Drinking.		
	7. Limited balloon controllability.		

All Purpose Checklist

Title/Subject/Activity/Functional Area

OPR/Process Owner

Date

COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR HUNTING

Number	Item	Score	Total
1	How long have you been hunting? (5+ Years = 0 / 1-5 Years = 5 / 0-1 Year = 10)		
2	Are you familiar with the local area hunting rules, licensing requirements, and bag limits? Everyone born after 1 Jan, 1949 must have a hunting course/certificate in Colorado. (Yes = 0 / No = 10)		
3	Do you know what firearms are allowed for the type of animals/birds you are hunting? (Yes = 0 / No = 5)		
4	Do you keep your rifles/shotguns/firearms properly cleaned and maintained? (Yes = 0 / No = 10)		
5	Do you keep your equipment (boats, deer stands, etc.) in good condition? (Yes = 0 / No = 10)		
6	Have you attended a Firearm Safety course? (Yes = 0 / No = 15)		
7	If hunting in a group, does everyone know and follow the appropriate safety rules and laws? (Yes = 0 / No = 10)		
8	If hunting out of state or in an area unfamiliar to you, do you know the applicable laws and regulations? (Yes = 0 / No = 5)		
9	Will you be using an aircraft to get into remote hunting sites? (Several mishaps have occurred when hunters overload their aircraft with big game) (Yes = 5 / No = 0)		
10	Do you wear brightly colored clothing--especially if hunting in heavily wooded areas? (Yes = 0 / No = 10)		
11	Do you carry a first aid kit? (Yes = 0 / No = 10)		
12	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
	<p>For more information go to the following web site: http://dnr.wi.gov/org/es/enforcement/safety/hunted.htm http://www.hunter-ed.com/</p>		
	<p>Hazards of the Activity:</p> <ol style="list-style-type: none"> 1. Climbing a tree stand or elevated hunting stand with a loaded firearm. 2. Climbing over a fence with a loaded firearm. 3. Hunting without a blaze orange or other highly visible vest/jacket/cap. 4. Duck hunting from a boat and firing while standing. 5. Cleaning a loaded firearm. 6. Hunting alone. 7. Drinking. 8. Inadequate clothing for weather conditions. 9. Getting lost. 		

All Purpose Checklist		Page 1 of 1 Pages	
Title/Subject/Activity/Functional Area		OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR JET SKIING/PERSONAL WATER CRAFT (PWC)			
Number	Item	Score	Total
1	Are you aware of the boating laws of the state in which you operate your Jet Ski/PWC? (Yes = 0 / No = 15)		
2	Do you inspect your trailer for working lights, inflated tires, adjusted bearings, a working hitch mechanism, etc.? (Yes = 0 / No = 10)		
3	Is the hitch the right size for the ball you are using? (Yes = 0 / No = 10)		
4	Prior to riding, do you inspect the Jet Ski/PWC for broken parts, cracks in the hull, leaking fuel lines, etc.? (Yes = 0 / No = 15)		
5	Do you wear an approved life preserver? (Yes = 0 / No = 15)		
6	When/if you pull skiers, do you have a spotter onboard the Jet Ski/PWC? (Yes = 0 / No = 10)		
7	While riding, do you keep a safe distance from swimmers? (Yes = 0 / No = 10)		
8	Do you abstain from alcohol while riding a Jet Ski/PWC? (Yes = 0 / No = 15)		
9	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
	<p>For more information go to the following web site: http://www.safetyresource.org/water_safety/jet_ski_safety.html</p> <p>Hazards of the Activity:</p> <ol style="list-style-type: none"> 1. Riding on a crowded or busy lake. 2. Inadequate life vests. 3. Underwater obstacles. 4. If pulling skiers/kneeboarders, using worn-out ropes/other equipment. 5. Running out of gas or breaking down in the middle of the lake. 6. Drinking. 7. Peer pressure. 		

All Purpose Checklist		Page 1 of 1 Pages	
Title/Subject/Activity/Functional Area		OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR KAYAKING / CANOEING			
Number	Item	Score	Total
1	Are you a competent swimmer? (Yes = 0 / No = 10)		
2	Do you wear a lifejacket at all times while on the water? (Yes = 0 / No = 10)		
3	Do you wear a quality helmet when kayaking? (Yes = 0 / No = 10)		
4	Do you use a spray skirt when needed? (Yes = 0 / No = 5)		
5	Do you have proper air bags, front and back, when needed? (Yes = 0 / No = 10)		
6	Do you kayak/canoe within your ability and within the demands of the river? Have you learned river reading? (Yes = 0 / No = 5)		
7	Do you always go out with others and <u>never</u> go alone? Are you familiar with the individual abilities within your group? (Yes = 0 / No = 5)		
8	Are you familiar with the Safety Code of American Whitewater Affiliation, River Rafting 1-6, and the Universal River Signals? (Yes = 0 / No = 5)		
9	Do you wear a dry/wet suit and dress in layers depending on the weather? (Yes = 0 / No = 5)		
10	Do you leave a Float Plan before you launch describing where you're putting in, where you're taking out, when you will return, and the description of your car? (Yes = 0 / No = 5)		
	Have you learned self rescue (including deep water re-entry)? (Yes = 0 / No = 10)		
11	Have you purchased quality gear and maintained it throughout the year? (Yes = 0 / No = 10)		
12	Do you abstain from drinking while on the water? (Yes = 0 / No = 10)		
13	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
14	For more information, go to the following web site: http://www.canoeing.com/beginner/howto/canoesafety.htm		
	Hazards of the Activity: <ol style="list-style-type: none"> 1. Riding rapids above your skill level. 2. Not accounting for seasonal changes in water level/speed. 3. Not wearing proper safety equipment. 4. Participating alone. 5. Not being prepared for elements. 6. Undertows. 7. Underwater hazards. 		

All Purpose Checklist		Page 1 of 1 Pages	
Title/Subject/Activity/Functional Area		OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR MOTORCYCLE RACING			
Number	Item	Score	Total
1	What is your experience level? (Expert = 0 / Intermediate = 10 / Novice = 10)		
2	Have you attended the Motorcycle Safety Foundation course? (Yes = 0 / No = 20)		
3	Is the race sanctioned by nationally recognized motorcycle racing organization? (Yes = 0 / No = 20)		
4	Do you have a competition license? (Yes = 0 / No = 10)		
5	Do you wear the following Personal Protective Equipment: - DOT approved helmet (Yes = 0 / No = 5) - shatterproof goggles or full face shield (Yes = 0 / No = 5) - leather suit (Yes = 0 / No = 5) - leather boots (Yes = 0 / No = 5) - leather gloves (Yes = 0 / No = 5) - back/shoulder protection (Yes = 0 / No = 5)		
6	Is your motorcycle in good mechanical condition? (Yes = 0 / No = 10)		
7	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed. For more information go to the following web site: http://www.starmotorcycle.com/ Hazards of the Activity: 1. Not wearing proper safety equipment. 2. Not performing a pre-race bike/equipment check. 3. Racing on unfamiliar tracks/conditions. 4. Racing while fatigued. 5. High-speed collisions.		

All Purpose Checklist		Page 1 of 1 Pages	
Title/Subject/Activity/Functional Area		OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR MOUNTAIN CLIMBING/RAPPELLING			
Number	Item	Score	Total
1	Do you own or borrow/rent equipment? Do not borrow equipment from other than a professional school. (Own = 0 / Borrow/Rent = 10)		
2	Is the equipment replaced on a timely basis? (Every 4 years) (Yes = 0 / No = 10)		
3	Do you do a maintenance check of all equipment prior to each climb or rappel? (Yes = 0 / No = 15)		
4	Have you accomplished formal training for climbing/rappelling? How much training and by whom? (Yes = 0 / No = 15)		
5	Are you familiar with the location where you will be climbing or rappelling? (Yes = 0 / No = 10)		
6	How often do you go climbing or rappelling? (Very Often = 0 / Frequently = 5 / Rarely = 10)		
7	Is a log kept of usage of the climbing surface for normal deterioration of the rock and record of falls? (site management) (Yes = 0 / No = 10)		
8	Will there be at least one other person climbing or rappelling with you? (Yes = 0 / No = 10)		
9	Do you carry an adequately equipped first-aid kit? (Yes = 0 / No = 10)		
10	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed. For more information go to the following web site: http://climbing.about.com/od/staysafeclimbing/tp/10ClimbingSafetyTips.htm Hazards of the Activity: <ol style="list-style-type: none"> 1. Climbing on unfamiliar route/rockface. 2. Not checking all equipment prior to climb / inadequate equipment for the climb. 3. Climbing with novice partner/belay. 4. Adverse weather. 5. Not having proper first aid training/equipment in case of accident. 6. Rock slides. 		

All Purpose Checklist		Page 1 of 1 Pages	
Title/Subject/Activity/Functional Area		OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR PARASAILING			
Number	Item	Score	Total
1	Have you ever parasailed before? (Yes = 0 / No = 10)		
2	Have you researched the reputation of the company with whom you will be parasailing? (Yes = 0 / No = 10)		
3	Does the US Coast Guard license the operator of the towing boat? (Yes = 0 / No = 15)		
4	Have you asked for the company's operating and inspection procedures for their equipment? (They should be inspecting ropes, parasails, and canopies every 250 tows.) (Yes = 0 / No = 10)		
5	Each time you parasail, do you ask when the equipment in use was put into service? Do not use it if it has gone past its service life. (Yes = 0 / No = 10)		
6	Each time you parasail, do you personally inspect your canopy (for tears), harnesses (to make sure all hooks and latches work), and rope and yoke (for proper operation)? (Yes = 0 / No = 15)		
7	The company you sail with should replace ropes every 6-12 months and make sure that they are 1/2-inch tight twisted dacron ropes with a minimum 3,500-lbs. tensile strength. The eye at the end of each rope should be 6-8 inches. (Yes = 0 / No = 10)		
8	Does the company issue head protection, life preservers, gloves, and lace-up boots? If not, do not fly with them. (Yes = 0 / No = 20)		
9	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
	<p>For more information go to the following web site: http://www.parasail.org/psc_directory.htm</p> <p>Hazards of the Activity:</p> <ol style="list-style-type: none"> 1. Parasailing with uncertified company. 2. Parasailing with improper/worn-out equipment. 3. Not fully understanding launch/recover procedures. 4. Severe weather/ high winds and gusts. 		

All Purpose Checklist

Title/Subject/Activity/Functional Area		OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR RODEO ACTIVITIES			
Number	Item	Score	Total
1	How long have you been participating in rodeos? (5+ Years = 0 / 1-5 Years = 5 / 0-1 Years = 10)		
2	Have you ever had any form of rodeo training? (Yes = 0 / No = 10)		
3	Is your equipment owned or borrowed? (Owned = 0 / Borrowed = 10)		
4	Do you perform routine maintenance checks prior to the riding event to ensure the proper condition of the equipment? (Yes = 0 / No = 10)		
5	Is the sponsor of the event reputable (sanctioned by the Professional Rodeo Cowboys of America or other professional rodeo association)? (Yes = 0 / No = 10)		
6	Are you properly insured for this type of activity? (Yes = 0 / No = 10)		
	<u>Bucking Events</u>		
7	Do you have a flak vest and do you plan to wear a helmet? (Yes = 0 / No = 10)		
8	Are your saddle, bareback rig, and/or bull rope in good working order? (Yes = 0 / No = 10)		
9	Do you have a knowledgeable, experienced chute man? (Yes = 0 / No = 10)		
10	Are there qualified bullfighters/pick-up men? (Yes = 0 / No = 10)		
	<u>Roping Events and Steer Wrestling</u>		
7	Is your horse owned or borrowed? (Owned = 0 / Borrowed = 10)		
8	Is your horse properly trained? (Yes = 0 / No = 10)		
9	Is your tack in good shape? (Yes = 0 / No = 10)		
10	Do you have a knowledgeable, experienced hazer? (Yes = 0 / No = 10)		
11	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
	For more information go to the following web sites: http://www.flooglebinder.com/sports/bull-riding/		
	Hazards of the Activity: <ol style="list-style-type: none"> 1. Participating in uncertified rodeo activities. 2. Riding with worn-out/improper equipment. 3. Riding while hurt/injured. 4. Not having the appropriate first aid gear readily available. 		

All Purpose Checklist

Title/Subject/Activity/Functional Area		OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR SCUBA DIVING			
Number	Item	Score	Total
1	How would you rate your diving experience? (Expert = 0 / Intermediate = 5 / Novice = 10)		
2	When diving do you: (Yes = 0 / No = 20) a. Budget your dive time to ascend before your pressure gauge decreases to 500 pounds per sq. inch? b. Test all equipment and mark dive area with a dive flag prior to entry? c. Always have a dive partner and two regulators in case one fails during all dives? d. Avoid decompression sickness by ascending at a rate of 1 foot per second?		
3	Are you familiar with dangers in your dive zone (creatures, caverns, surges, etc.)? (Yes = 0 / No = 10)		
4	If you are diving in an unfamiliar area, does a guide normally accompany you? (Yes = 0 / No = 10)		
5	Do you allow 24 hours between diving and flying or flying and diving? (Yes = 0 / No = 10)		
6	If you are diving on a commercial dive boat, do you ensure they have oxygen on board and know how to use it? (Yes = 0 / No = 10)		
7	When you dive from a private boat, do you ensure someone on board is trained in advanced first aid? (Yes = 0 / No = 10)		
8	Do you ensure there is a cellular phone/marine phone available to use in an emergency? (Yes = 0 / No = 10)		
9	Do you ensure compressed air is obtained from a reliable source? (Yes = 0 / No = 10)		
10	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
<p>For more information go to the following web site: http://www.best-scuba-diving-tips.com/scuba-diving-safety.html</p> <p>Hazards of the Activity:</p> <ol style="list-style-type: none"> 1. Diving in areas/locations beyond your abilities. 2. Not calculating Maximum Dive Time using certified charts. 3. Not staying within an appropriate distance of a buddy. 4. Using worn-out or unsafe equipment. 5. Losing track of time or depth due to surroundings. 6. Bends. 			

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Title/Subject/Activity/Functional Area		OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR SKI JUMPING (SNOW)			
Number	Item	Score	Total
1	How would you rate your ski jumping experience? (Expert = 0 / Intermediate = 10 / Novice = 20)		
2	Do you own your equipment or are you renting/borrowing it? (Own = 0 / Rent/Borrow = 10)		
3	How many grooves do your skis have? (3 minimum, 4 optimum) (4+ = 0 / 3 = 10)		
4	Do you have a United States Skiing Association approved helmet? (Yes = 0 / No = 20)		
5	What size jump are you going to ski? (20 meter, 40, 60, 90) Note: 90 meter is Olympic caliber. (20m = 0 / 40m = 5 / 60m = 10 / 90m = 20)		
6	Is your equipment properly inspected and maintained? (Yes = 0 / No = 20)		
7	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
	<p>For more information go to the following web site: http://www.ifyouski.com/Technique/Alpineskiing/Jumping/</p> <p>Hazards of the Activity:</p> <ol style="list-style-type: none"> 1. Jumping a hill/height above your skill level. 2. Jumping without proper training. 3. Jumping without proper equipment. 4. Jumping without first aid assistance nearby. 5. Jumping alone. 		

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Title/Subject/Activity/Functional Area		OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR SKY DIVING			
Number	Item	Score	Total
1	Did you receive your initial skydiving training through the United States Parachute Association or a jump school approved by the USPA? (Yes = 0 / No = 10)		
2	Do you know anyone in the sport already to give you advice? If not, we recommend you to contact a United States Parachute Association (USPA) group member Skydiving Center or local airport for advice. (USPA 703-836-3495 or on the Internet www.uspa.org) (Yes = 0 / No = 10)		
3	Have you lowered the risks of skydiving by (Yes = 0 / No = 10) a. Receiving the proper training? b. Ensuring equipment is in good condition (reserve canopy in date)? c. Using common sense? d. Is your reserve chute equipped with an automatic activation device?		
4	Do you perform a function check prior to every jump? (Battery check automatic) (Yes = 0 / No = 10)		
5	Do you review emergency procedures every 30 days and prior to each jump for each pilot chute deployment system you own? (Yes = 0 / No = 10)		
6	Each time you skydive, do you take into account your trip to and from the skydiving activities? (fatigue, road conditions, weather) (Yes = 0 / No = 10)		
7	If your last jump was not very recent, do you plan to receive recurrence training? (Yes = 0 / No = 10)		
8	Each time you skydive, are you sure that the equipment that you are using is compatible and within experience limitations? (Yes = 0 / No = 10)		
9	Do you perform a thorough inspection prior to repacking your main canopy or downing? (stitching, connectors, rips/tears, lines, canopy, reserve canopy pins) (Yes = 0 / No = 10)		
10	Do you abstain from alcohol 12 hours prior to any skydiving or while skydiving? (Yes = 0 / No = 10)		
11	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
	For more information go to the following web site http://www.makeithappen.com/spsj/index.html		
	Hazards of the Activity: 1. Inadequate training / proficiency for type of jump. 2. Improper rig packing. 3. Overdue chute/reserve re-packing. 4. Non-functional AAD. 5. Un-certified organizations. 6. Shifting / gusty winds.		

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Title/Subject/Activity/Functional Area		OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR SNOWMOBILING			
Number	Item	Score	Total
1	How would you rate your snowmobiling experience? (Expert = 0 / Intermediate = 5 / Novice = 10)		
2	Do you perform regular maintenance inspections? (Yes = 0 / No = 10)		
3	Do you wear a helmet? (Yes = 0 / No = 10)		
4	Do you dress for the extreme weather conditions? (Yes = 0 / No = 5)		
5	Do you know the symptoms of frostbite? (Yes = 0 / No = 5)		
6	Are you riding with someone else? (Yes = 0 / No = 5)		
7	Are you familiar with the area in which you plan to ride (barbed wire fences, terrain, and remoteness of the site)? (Yes = 0 / No = 10)		
8	Do you ride on frozen lakes or rivers? (Beware of cracks and open water) (Yes = 10 / No = 0)		
9	Do you know the dangers of riding under bridges? (Thin ice) (Yes = 0 / No = 5)		
10	Will you be riding at night? (Yes = 10 / No = 0)		
11	Do you let someone know where you will be and how long you will be gone each time you ride? (Yes = 0 / No = 10)		
12	Do you abstain from alcohol while operating a snowmobile? (Yes = 0 / No = 10)		
13	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
	<p>For more information go to the following web site: http://www.snowmobile.org/snowmobilesafety.asp</p> <p>Hazards of the Activity:</p> <ol style="list-style-type: none"> 1. Inadequate safety equipment. 2. Unseen hazards at night / proper lighting. 3. Traffic on/near roads. 4. Riding on private property and angering owner. 5. Riding on unfamiliar terrain. 		

All Purpose Checklist

Title/Subject/Activity/Functional Area

OPR/Process Owner

Date

COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR SOARING

Number	Item	Score	Total
1	Are you certified to fly sailplanes and are you current? Or, are you flying with someone who is certified and current? (Yes = 0 / No = 10)		
2	If necessary, are you going to take a refresher flight with a certified flight instructor? (Yes = 0 / No = 10)		
3	Are you familiar with the local type of soaring conditions and procedures? (Yes = 0 / No = 10)		
4	Are you familiar with the local method of launching? (Yes = 0 / No = 10)		
5	If you plan on carrying passengers, have you given them a thorough preflight briefing? (Yes = 0 / No = 5)		
6	Are you properly insured for flying activity? (Yes = 0 / No = 5)		
7	Do you perform routine maintenance checks on the sailplane? (Yes = 0 / No = 10)		
8	Do you have current charts? (Yes = 0 / No = 10)		
9	Have you considered weight, balance, density altitude, and performance for this sailplane? (Yes = 0 / No = 10)		
10	Do you have an emergency number on file with the airport? (Yes = 0 / No = 10)		
11	Are you current in the type of sailplane you plan to fly and is it mechanically up-to-date? (Yes = 0 / No = 10)		
12	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
	<p>For more information go to the following web site: http://www.soaringsafety.org/school/wingrunner/toc.htm</p>		
	<p>Hazards of the Activity:</p> <ol style="list-style-type: none"> 1. Lack of proficiency / training. 2. Passengers unfamiliar with safe flight operating procedures. 3. Incapacitating airsickness. 4. Soaring in unfamiliar terrain, airspace, or weather conditions. 5. Unfamiliar launch/tow methods. 6. Forced landing in severe weather conditions / uneven terrain. 7. Drinking. 8. Peer pressure. 		

All Purpose Checklist

Title/Subject/Activity/Functional Area	OPR/Process Owner	Date	
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR ULTRALIGHT AIRCRAFT / POWERED PARACHUTE			
Number	Item	Score	Total
1	Have you ever flown an ultralight before? (Yes = 0 / No = 20)		
2	Do you have any physical conditions (neck or back injuries) that may exclude you from this type activity? (Yes = 10 / No = 0)		
3	Does the Powered Parachute Instructor have a Basic Flight Instructor (BFI) certification? (Yes = 0 / No = 10)		
4	Have you asked for the company's operating and inspection procedures for their equipment? (They should be inspecting ropes / strings, cables and linkages, airframe assembly, and canopies every 10 flights.) (Yes = 0 / No = 10)		
5	Each time you receive flight training, do you make note of weather conditions and check wind activity? (Powered Parachutes are not capable of flying safely in winds greater than 15mph.) (Yes = 0 / No = 10)		
6	Does the company you fly with provide a safe area for take-off and landing that is free of obstacles such as power lines, tall trees or rough terrain? (Yes = 0 / No = 10)		
7	Do you wear a helmet and safety belt? (Yes = 0 / No = 20)		
8	If planning to fly solo, have you received the proper instruction and will you follow the required procedures? (Yes = 0 / No = 10)		
9	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
<p>For more information go to the following web site: http://www.powerchutes.com</p>			
<p>Hazards of the Activity:</p> <ol style="list-style-type: none"> 1. Lack of proficiency / training. 2. Flying in unfamiliar terrain, airspace, or weather conditions. 3. Collision with other aircraft. 4. Broken or worn equipment. 5. Gusty or shifting winds. 6. Forced landings in severe weather conditions / uneven terrain. 7. Drinking. 8. Peer pressure. 			

Title/Subject/Activity/Functional Area		OPR/Process Owner	Date
COMMANDER'S HIGH-RISK BRIEFING CHECKLIST FOR WHITE WATER RAFTING			
Number	Item	Score	Total
1	When rafting do you insure all individuals: (Yes = 0 / No = 20) a. know how to swim? b. wear proper lifejackets? c. wear proper head protection?		
2	How would you rate your rafting experience? (Expert = 0 / Intermediate = 5 / Novice = 10)		
3	Will you be rafting at a class level above your previous experience? (Yes = 10 / No = 0)		
4	Will there be EMT or medically qualified individuals in the group? (Yes = 0 / No = 20)		
5	Does the guide/rafting company provide proper training? (Yes = 0 / No = 10)		
6	Is the river guide/company licensed, insured, and reputable? (Yes = 0 / No = 10)		
7	Do you or anyone going rafting with you have any medical problems limiting heavy physical activity? (Yes = 10 / No = 0)		
8	If you are going on an extended rafting trip, have you arranged to check in with park authorities along the route? (Yes = 0 / No = 10)		
9	Supervisor's Subjective Rating: Does the individual have any other risk factors to consider that may affect the safety of this activity? Assign points as needed.		
	<p>For more information go to the following web site: http://www.americanwhitewater.org/</p> <p>Hazards of the Activity:</p> <ol style="list-style-type: none"> 1. Riding rapids above skill level. 2. Seasonal changes in water level/speed. 3. Inadequate safety equipment. 4. Untrained rafters. 5. Rapid weather changes. 6. Underwater obstacles. 7. Undertows. 		

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