DELIBERATE RISK ASSESSMENT WORKSHEET

1. MISSION-TASK DESCRIPTION AND EXECUTION DATE(S)	2. DATE PREPARED
Spring Carnival 1-3 August 2130	1 Sept2130

3. PREPARED BY

a. NAME *(Last, First, Middle Initial)*	b. RANK/GRADE	c. DUTY TITLE/POSITION
Guru, Safety M.	GS11	Unit Safety Officer

d. UNIT	e. WORK EMAIL	f. TELEPHONE *(DSN, Commercial (Include Area Code))*
	safety.m.guru.civ@army.mil	123-456-7890

g. UIC/CIN *(as required)*	h. TRAINING SUPPORT/LESSON PLAN OR OPORD *(as required)*	I. SIGNATURE OF PREPARER

Five steps of Risk Management: (1) Identify the hazards (2) Assess the hazards (3) Develop controls & makes 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
☐	Set up of event location	Heat Injuries	M	Ensure staff take frequent breaks. hydrate and eat something for electrolytes. Ensure staff take frequent breaks. hydrate and eat something for electrolytes. Work in Buddy Teams to self-monitor for heat injuries. Supervisors will monitor staff by continuous observation and mandatory checks at regular intervals.	**How:** Supervisors will ensure each worker has a buddy to assist with workload and monitor each other for signs and symptoms of heat injuries. Prior to working the supervisor will go over the signs and symptoms of heat injuries. Work buddies and supervisors will remind their buddies/workforce to drink water and stay hydrated as well as eat something to replace electrolytes. Sports drinks will be used sparingly. Sugary drinks, energy drinks & alcohol will not be drunk. **Who:** Work buddy, Supervisors and visiting Safety or Emergency Personnel performing an inspection.	L

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

☐ EXTREMELY HIGH ☐ HIGH ☐ MEDIUM [XJ LOW

11. **OVERALL SUPERVISION PLAN AND RECOMMENDED** COURSE **OF ACTION**

Supervisors/Event Coordinator will brief the staff on this DRAW and all Safety measures to be used to mitigate/abate the listed hazards. Buddy Teams will be enforced to ensure that the workforce is watching out for each other and maintaining as minimal of work-load as feasible during the event. Supervisors will continuously observe all activities and staff to ensure compliance with the safety measures and the overall safety for the staff. During the event, staff and supervisors will continuously monitor the ongoing situation and react accordingly to hazards as they are identified.

EXAMPLE

12. APPROVAL OR DISAPPROVAL OF MISSION OR TASK		X APPROVE	☐ DISAPPROVE
a. **NAME** *(Last, First, Middle Initial)*	**b. RANK/GRADE**	**c. DUTY TITLE/POSITION**	**d. SIGNATURE OF APPROVAL AUTHORITY**
Authority, Approval	CIV	Head Person In Charge	

e. ADDITIONAL GUIDANCE:
Supervisors/Event Coordinator will monitor the weather and will contact Range Control Fire Desk @ 123-456-0987 at the top of every hour to receive updated heat conditions. Will implement the appropriate heat injury mitigation standards as outlined in command guidance.

EXAMPLE

ASSESSMENTMAT		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
15 Sep 2130	Topdog, Safety	CIV	Safety Specialist	
16 Sept 2130	Headman, Range C.	CIV	Range Control Operations	

14. FEEDBACK AND LESSONS LEARNED
Event went without incidents. DRAW was followed and no new hazards were identified.

15. ADDITIONAL COMMENTS OR REMARKS
Recommend continued use of this DRAW for future events. Annual review to ensure continued relevance to this installation. Also recommend that "normal" hazards be placed on all events as mitigations for them as discussed in the ORAW were effective in abating.

EXAMPLE

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