

HIGH-RISK ACTIVITIES WORKSHEET

DATE

I. INDIVIDUAL DATA INFORMATION *(To be filled in by the individual and sent to Commander)*

GRADE/NAME <i>(Last, First, Middle Initial)</i>	AGE	UNIT/OFFICE SYMBOL	DUTY PHONE
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LIST HIGH RISK ACTIVITIES *(Flying civilian aircraft, hang gliding, sky diving, parasailing, whitewater rafting, motorcycle and auto racing, scuba diving, bungee jumping, and other similar activities)*

DATE OF LAST PARTICIPATION <i>(YYYYMMDD) (If applicable)</i>	FREQUENCY OF PARTICIPATION <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEASONAL <input type="checkbox"/> OCCASIONAL
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IDENTIFY PREVIOUS EXPERIENCE

IDENTIFY SPECIALIZED TRAINING REQUIRED/COMPLETED FOR THIS ACTIVITY	LOCATION/AREA WHERE ACTIVITY WILL OCCUR <i>(i.e. business, location, name, address & phone number)</i>
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II. COMMANDER'S REVIEW AND BRIEFING SECTION

BRIEFING INSTRUCTIONS. *Commanders should 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. Commanders should ensure personnel wishing to participate in high-risk activities use appropriate safety measures. If commanders determine these personnel are inadequately trained or inexperienced and (or) a threat to safety and the mission exists, they must prohibit these personnel from participating in the activity. However, the commander's role in safety does not replace the individual's responsibility. 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)*

HAZARDS OF THE ACTIVITY *(List them)*

DATE <i>(YYYYMMDD)</i>	SIGNATURE OF MEMBER	
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<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE <i>(YYYYMMDD)</i>	SIGNATURE OF COMMANDER
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