


# **DELIBERATE RISK ASSESSMENT WORKSHEET**

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| <b>1. MISSION/TASK DESCRIPTION</b><br><br>Kayak & Paddle Boarding at Belton Lake Outdoor Recreation Area (BLORA) | <b>2. DATE (DD/MM/YYYY)</b><br><br>01/01/19-12/31/19 |
|--|--|

## **3. PREPARED BY**

|   |   |   |  |
|---|---|---|--|
| <b>a. Name (Last, First Middle Initial)</b><br><br>Rosenberry, Thad M |   | <b>b. Rank/Grade</b><br><br>NF-03   | <b>c. Duty Title/Position</b><br><br>Recreation Specialist                   |
| <b>d. Unit</b><br><br>MWR/ODR   | <b>e. Work Email</b><br><br>thad.m.rosenberry.naf@mail.mil    |   | <b>f. Telephone (DSN/Commercial (Include Area Code))</b><br><br>254-187-1593 |
| <b>g. UIC/CIN (as required)</b>                                       | <b>h. Training Support/Lesson Plan or OPORD (as required)</b> | <b>i. Signature of Preparer</b><br><br>ROSENBERRY.THAD.<br>MICHAEL.1394590688<br> Digitally signed by<br>ROSENBERRY.THAD.MICHAEL.1<br>394590688<br>Date: 2019.02.04 08:39:24 -06'00' |  |

Five steps of Risk Management: (1) Identify the hazards (2) Assess the hazards (3) Develop controls & make 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 |
|---------------------------|------------------------------------|---------------------------------|-----------------------|---|--|------------------------|
| <div>+</div> <div>-</div> | Kayaking/Paddle Boarding           | Drowning                        | H                     | Have the ability to roll kayak right-side up. All participants and staff will wear personal flotation devices (PFDs) with attached whistles. All Staff CPR certified.   | How:<br>Before setting out on water, brief participants on procedures if kayak capsizes.<br><br>Who:<br>Outdoor Rec Personnel  | L                      |
|                           | Kayaking/Paddle Boarding           | Damage to Kayak or Paddle Board | M                     | Choose a course that keeps participants away from any rocks or obstacles that may cause damage to equipment. If kayaking in the evening, make sure all equipment and participants have lights attached to them. | How:<br>During safety brief, cover how to operate both kayaks and paddle boards. Allow 10 minutes in open water to practice and adjust.<br><br>Who:<br>Outdoor Rec Personnel | L                      |
| <div>+</div> <div>-</div> | Weather                            | Heat Related Injuries           | M                     | Ensure all participants have a water source. Have multiple coolers at the staging area.   | How:<br>Staff will brief the importance of hydration and have water coolers available.<br><br>Who:<br>Outdoor Rec Personnel  | L                      |
|                           |                                    |                                 |                       |   |  |                        |

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|---|------------------------------------|--|-----------------------|---|---|------------------------|
| +   | Weather                            | Sun Related Injuries   | M                     | Have sunscreen available for participants to wear. Remind participants the importance of skin and eye care.     | How:<br>Safety Brief  | L                      |
|   |                                    |  |                       |   | Who:<br>Outdoor Rec Personnel   |                        |
| +   | Weather                            | Severe Weather   | M                     | Review weather forecast prior to program date. If lightning occurs, move to shoreline as quickly as possible.   | How:<br>Staff will brief participants on procedures to follow in case of severe weather.            | L                      |
|   |                                    |  |                       |   | Who:<br>Outdoor Rec Personnel   |                        |
| +   | Physical Health                    | Allergies (reactions to animals, insects and plants)         | M                     | Prior to program, participants will fill out a liability release form along with any pertinent medical history. | How:<br>Staff will not administer any medications to participants. Basic first aid will be on site. | L                      |
|   |                                    |  |                       |   | Who:<br>Outdoor Rec Personnel   |                        |
| +   | Physical Health                    | First Aid (sprains, strains, cuts, bruises and broken bones) | M                     | All staff will be CPR and First Aid Certified.  | How:<br>Staff will brief participants on physical safety during event.                              | L                      |
|   |                                    |  |                       |   | Who:<br>Outdoor Rec Personnel   |                        |
| +   | Customers                          | Getting Lost or Separated                                    | M                     | There will be a staff member leading the group from the front and one in the rear.                              | How:<br>Brief all participants on procedure if lost or separated                                    | L                      |
|   |                                    |  |                       |   | Who:<br>Outdoor Rec Personnel   |                        |
| <b>10. OVERALL RESIDUAL RISK LEVEL (All controls implemented):</b>  |                                    |  |                       |   |   |                        |
| <input type="checkbox"/> EXTREMELY HIGH <input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> LOW |                                    |  |                       |   |   |                        |

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

Outdoor Rec Personnel will perform safety brief prior to program. All participants will receive instructions and procedures prior to execution. Liability waivers attached with pertinent medical history will be completed and signed by all participants. If anyone under the age of 18 years old, an adult must be present to sign for them.

This is an ongoing program and will have multiple dates throughout the course of the year.

**12. APPROVAL OR DISAPPROVAL OF MISSION OR TASK**☐ Approve☐ Disapprove**a. Name (Last, First, Middle Initial)**

Johnsen, Nicholas R.

**b. Rank/Grade**

NF-05

**c. Duty Title/Position**

Director, DFMWR

**d. Signature of Approval Authority****e. Additional Guidance:****Risk Assessment Matrix****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  |
|-----------|--------------|---------------|------------------------|---|
| 1/16/2019 | Tomblin      | GS-12         | Garrison Safety        | TOMBLIN, GARY.L.1116913190<br><small>Digitally signed by TOMBLIN, GARY.L.1116913190<br/>Date: 2019.01.16 08:04:29 -06'00'</small> |
|           |              |               |                        |   |
|           |              |               |                        |   |

**14. FEEDBACK AND LESSONS LEARNED****15. ADDITIONAL COMMENTS OR REMARKS**

Instructions for Completing DD Form 2977, "Deliberate Risk Assessment Worksheet"

**1. Mission/Task Description:** Briefly describe the overall Mission or Task for which the deliberate risk assessment is being conducted.

**2. Date (DD/MM/YYYY):** Self Explanatory.

**3. Prepared By:** Information provided by the individual conducting the deliberate risk assessment for the operation or training.

**Legend:** **UIC** = Unit Identification Code; **CIN** = Course ID Number; **OPORD** = operation order; **DSN** = defense switched network; **COMM** = commercial

**4. Sub-task/Sub-Step of Mission/Task:** Briefly describe all subtasks or substeps that warrant risk management.

**5. Hazard:** Specify hazards related to the subtask in block 4.

**6. Initial Risk Level:** Determine probability and severity. Using the risk assessment matrix (page 3), determine level of risk for each hazard specified. probability, severity and associated Risk Level; enter level into column.

**7. Control:** Enter risk mitigation resources/ controls identified to abate or reduce risk relevant to the hazard identified in block 5.

**8. How to Implement / Who Will Implement:** Briefly describe the means of employment for each control (i.e., OPORD, briefing, rehearsal) and the name of the individual unit or office that has primary responsibility for control implementation.

**9. Residual Risk Level:** After controls are implemented, determine resulting probability, severity, and residual risk level.

**10. Overall Risk After Controls are Implemented:** Assign an overall residual risk level. This is equal to or greater than the highest residual risk level (from block 9).

**11. Supervision Plan and Recommended Course of Action:** Completed by preparer. Identify specific tasks and levels of responsibility for supervisory personnel and provide the decision authority with a recommend course of action for approval or disapproval based upon the overall risk assessment.

**12. Approval/Disapproval of Mission/Task:** Risk approval authority approves or disapproves the mission or task based on the overall risk assessment, including controls, residual risk level, and supervision plan.

**13. Risk Assessment Review:** Should be conducted on a regular basis. Reviewers should have sufficient oversight of the mission or activity and controls to provide valid input on changes or adjustments needed. If the residual risk rises above the level already approved, operations should cease until the appropriate approval authority is contacted and approves continued operations.

**14. 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, practicable solutions, or alternate actions. Submit and brief valid lessons learned as necessary to persons affected.

**15. Additional Comments or Remarks:** Preparer or approval authority provides any additional comments, remarks, or information to support the integration of risk management.

**Additional Guidance:** Blocks 4-9 may be reproduced as necessary for processing of all subtasks/ substeps of the mission/task. The addition and subtraction buttons are designed to enable users to accomplish this task.