

**OPERATIONAL RISK MANAGEMENT
GROUND TEAM/URBAN DF TEAM OPERATIONS**

GTL Name: _____ Mission#: _____ Task#: _____

HAZARD IDENTIFICATION	Low		Medium		High	
<u>PERSON</u>						
Rest	Awake < 12 hours	0	Awake > 12 hours & < 16 hours	5	Awake > 16 hours	20
Circadian Rhythm	0600-2100	0	2100-0100	5	0100-0600	20
Training	All Qualified	0	> 3/4 Qualified	5	< 3/4 Qualified	20
Experience	> 5 missions	0	2-5 missions	5	0-1 missions	20
Health	Good	0	Fair	5	Poor	20
Driver	GTM & CAP Driver's License	0	GES & CAP Driver's License	5	No GES &/or no CAP Driver's License	NG
<u>MACHINE</u>						
Vehicle (using CAP-USAF vehicle Inspection Sheet)	0 Unsats	0	< 5 Unsats	5	> 5 Unsats	15
Gear	All 24 & 72 hr	0	> 1/2 24 & 72 Hr	5	< 1/2 24 & 72 Hr	NG
Backup Alarm	Working	0	Barely Audible	5	Not Audible	10
Lights	Working	0		5	Not Working	NG
Communications	Able to make immediate contact via radio	0	<20 minutes from contact via land-line phone	5	>20 minutes from contact via land-line phone using cellular	10
Orange Vest on People	Yes	0			No	NG
<u>ENVIRONMENT</u>						
Temperature	32F-90F	0	0F-30F or 90F-100F	5	<0F or >100F	20
Wind	Calm	0	10-25 Knots	5	>25 Knots	10
Precipitation	None	0	Light	5	Heavy	10
Visibility	>3 miles	0	>1/2 mi & < 3mi	5	< 1/2 mile	10
Night Operations	No	0			Yes	10
Terrain	Flat to Hilly	0	Very Hilly	5	Mountains	10
<u>MISSION SPECIFIC ENTRIES</u>						

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Overall Total			SUB-TOTAL		SUB-TOTAL
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Risk Assessment

<u>POINTS</u>	<u>RISK LEVEL</u>	<u>APPROVAL AUTHORITY</u>
0-50 points	Low Risk	Briefing Officer/GBD Approval
50-100 points	Moderate Risk	Operations Section Chief Approval
100-125 points	High Risk	Incident Commander Approval
125+ points	Extreme Risk	Wing DOS or DO Approval
NG	No Go	No Release Authorized

APPROVAL (Printed Name): _____ Signature: _____