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| **Incident Risk Assessment Worksheet** | **1. Incident Name**  | **2. Location**   |
| **Identification of Hazards and** **Risk Assessment** |  **3. Name and Title of Analyst**  | **4. Date**  |
| **5. Pre-Mitigation** | **6. Mitigation or Abatement Action**(Engineering, Administrative, PPE, Avoidance, Education, etc) | **7. Post-Mitigation** |
| **8. Hazard** | 9.Hazard Probability | **10. Severity Code** | **11.** **RAC** |  | 12. Hazard Probability | 13. Severity**Code** | 14. RAC | 15. Acceptable**Yes/No** |
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|  **Hazard** | Hazard Probability | **Severity Code** | **RAC** | **Mitigation or Abatement Action**(Engineering, Administrative, PPE, Avoidance, Education, etc) |  Hazard Probability |  Severity**Code** |  RAC | Acceptable**Yes/No** |
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|  **Agency Administrator Signature** | **Preparer’s Signature** |

 Risk Assessment Worksheet Instructions

The Risk Assessment (RA) Worksheet will identify location(s) of the work project or activity, the name of employee(s) creating the RA, and date created. The approving Agency Administrator (AA), or Superintendent will review the RA and mitigation strategies to ensure risk is at an acceptable level for task or activity. A signed document will be required for apporval of the RA. The supervisor or project leader of the project/task will share information with affected employees through a safety meeting. Employees participating in the project/task will be required to sign RA acknowleding participation in safety meeting and that they have received the necessary training, and understand procedures, protocol and mitigation strategies to reduce risk with the project.

Blocks 1, 2, 3, and 4 – Self explanitory

Block 5 – **Pre-Mitigation:** What hazards are involved with the project or activity

Block 6 – **Mitigation or Abatement Strategy:** What mitigation or abatement strategy will minimize risk or exposure (ex. engineering, administrative, PPE,

 Avoidance, education, etc.)

Block 7 – **Post-Mitigation:** What hazards and risk associated with hazards are still present following mitigation or abatement strategy

Block 8 – **Hazards:** What hazards exist with project (ex. hazard trees, driving, rolling debris, heat, etc.)

Block 9 – **Hazard** **Probability:** What is probability a hazard will be encountered during project or activity, refer to Probability table

Block 10 – **Severity Code:** What are the consequences should an unplanned event occur, refer to Severity table

Block 11 – **Risk Level:** Assign a Risk Level prior to mitigation measures assigned, listed by RAC number, followed by Frequecy and Severity, ex. 1(A)(1)

Block 12 – **Hazard** **Probabilty:**  Following mitigation or abatement actions the probability of exposure or risk

Block 13 – **Severity Code:** Following mitigation or abatement actions the severity or consequences associated with task or project

Block 14 – **Risk Level:** Assign a Risk Level following mitigation strategies, listed by RAC number, followed by Frequecy and Severity, ex. 1(A)(1)

Block 15 – **Acceptable Level Yes/No:** Is level of risk acceptable following mitigation or abatement actions, decision should be made at appropriate

 management level

**Risk Assessment Code (RAC)**

**Severity Code**

**Catastrophic (I)** - Imminent and immediate danger of death or permanent disability.

**Critical (II)** - Permanent partial disability, temporary total disability.

**Significant (III)** - Hospitalized minor injury, reversible illness.

**Minor (IV)** - First aid or minor medical treatment.

 **Hazard Probability**

 **Frequent (A)** - Immediate danger to health and safety of the public, staff or property and resources.

 **Likely (B)** - Probably will occur in time if not corrected, or probably will occur one or more times.

 **Occasional (C)** - Possible to occur in time if not corrected.

 **Rarely (D) -** Unlikely to occur; may assume exposure, will not occur.

 **Definitions**

 **Probability –** The likelihood that a hazard will result in a mishap or loss (Exposure in terms of time, proximity, and repetition)

 **Severity –** The worst credible consequence that can occur as a result of a hazard

 **Hazard –** Any real or potential condition that can cause injury, illness or death of personnel, or loss and damage to equipment

 **Risk –** An expression of possible loss in terms of severity and probability (associated with human interaction)

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| **Risk Assessment Code Matrix****(RAC)** |
|  **Probability** **Code** **Severity**  **Code**  | **Frequent (A)****Immediate danger to health and safety of the public, staff or property and resources.**  | **Likely (B)****Probably will occur in time if not corrected, or probably will occur one or more times.** | **Occasional (C)****Possible to occur in time if not corrected.** | **Rarely (D)****Unlikely to occur; may assume exposure, will not occur.** |
| **Catastrophic****Imminent and immediate danger of death or permanent disability.** | **I** | **1****CRITICAL** | **1** | **2** | **3** |
| **Critical****Permanent partial disability, temporary total disability.** | **II** | **1** | **2****SERIOUS** | **3** | **4** |
| **Significant** **Hospitalized minor injury, reversible illness.** | **III** | **2** | **3****MODERATE** | **4****MINOR** | **5** |
| **Minor****First aid or minor medical treatment.** | **IV** | **3** | **4** | **5** | **5****NEGLIGIBLE** |

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| **MEDICAL PLAN** | Project Name  | Date Prepared  | Name of Preparer  |    |
|  Transportation |
|  Ambulance Services |
| Name | Address | Phone |  Paramedics Yes No |
|   |   |  |   |     |
|   |   |  |   |  |
|   |   |  |   |  |
|  Hospitals |
| Name | Location |  Travel Time Air Ground | Phone |  Helipad Yes No |  Burn Center Yes No |
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|  Medical Emergency Procedures |
| **Provide detailed Emergency Medical Procedure for project (Refer to instructions to complete)** |

**Instructions for Completion of Emergency Medical Procedures**

As appropriate the following information should be included in the emergency medical procedures for any staffed project or incident location. The plan must be reviewed and approved by the Agency Administrator.

* Include timeframes (ETEs and ETAs) from and to specific locations
* Include GPS coordinates for key locations such as remote camps, project areas, helispots, etc.
* List all potential evacuation resources and/or equipment that could be used for medical emergency
* Identify other resources and/or equipment (types, capabilities, availability) not assigned to Unit/Agency but possibly available if requested
* Identify contingencies (alternate plan or procedure if the preferred option becomes unavailable or identified resources cannot perform the mission)
* Identify specific concerns by location
* Identify environmental influences or factors and resource status changes that might keep the preferred option from working
* Use the Risk Assessment Worksheet to mitigate lengthy travel times to access Advanced Life Support
* If the primary evacuation plan is to use aviation, then a secondary plan should be identified including time frames for patient extraction

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| **The emergency medical procedures must be communicated to all personnel assigned to the project.** **RA and Emergency Medical Procedures Acknowledgment** |
| We, the undersigned work leader and crew members, acknowledge participation in the discussion of this RA and accompanying emergency medical procedures. We have thoroughly discussed and understand the provisions of each of these documents:Date: |

 Signature Signature