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| **Incident Risk Assessment Worksheet** | | | | **1. Incident/Activity Name**  **Driving (General)** | | | | **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** |
| Qualifications |  |  |  | | * Complete GSA Form 3607 background check for valid state drivers license * 18 years of age or older * Possess a valid, current State Driver’s License * Complete a Defensive Driving course upon hire, and participate in a refresher every 3 years * Only operate/drive equipment that you are quialified or have requisite experience in using | | | |  | |  |  |  |
| Lack of Supervisory Control |  |  |  | | * Ensure that each Motor Vehicle Operator under their supervision possesses a valid driver's license that indicates State authorization to operate the class of vehicle required in the performance of duties. * Based on available information, ensure no authorization is given to individuals with restricted driving privileges (i.e., home to work licenses) | | | |  | |  |  |  |
| Motor Vehicle  Operator Responsibilities |  |  |  | | * Comply with State, local and tribal traffic laws and the lawful instruction of emergency and law enforcement personnel * Abstain from ingesting controlled substances, intoxicating beverages, prescription drugs or other medications that caution against operating a motor vehicle when taken, to avoid being impaired | | | |  | |  |  |  |
| **Hazard** | Hazard Probability | **Severity Code** | **RAC** | | **Mitigation or Abatement Action**  (Engineering, Administrative, PPE, Avoidance, Education, etc) | | | | Hazard Probability | | Severity **Code** | RAC | Acceptable **Yes/No** |
| Motor Vehicle  Operator Responsibilities |  |  |  | | * Do not transport intoxicating beverages, controlled substances, or any passenger who is in possession of intoxicating beverages or controlled substances. * Do not transport unauthorized passengers in a Government owned or leased motor vehicle. * Report to his/her supervisor any medical or physical condition, including the use of controlled substances, prescription or over-the-counter drugs, which may impair the driver from the safe operation of a motor vehicle. * Successfully complete motor vehicle safety training at least every three years. * Notify supervisor if State driving privileges are restricted, suspended, revoked, or canceled, or if they have been otherwise disqualified from holding a license * Report to Supervisor any situation that may alter their authorization or ability to operate a motor vehicle, such as any legal or court ordered suspension of driving privileges or any limiting medical condition. * Report all incidents involving a Government owned or leased motor vehicle, commercial motor vehicle, rental motor vehicle, or a privately owned or leased motor vehicle that occur during the performance of their official duties. * Notify supervisors of these incidents no later than the following business day after their occurrence. Failure to inform the supervisor of any such situation may subject employees to disciplinary action | | | |  | |  |  |  |
| **Hazard** | Hazard Probability | **Severity Code** | **RAC** | | **Mitigation or Abatement Action**  (Engineering, Administrative, PPE, Avoidance, Education, etc) | | | | Hazard Probability | | Severity **Code** | RAC | Acceptable **Yes/No** |
| Vehicle Inspection |  |  |  | | * Inspect vehicle prior to each operational period for defects * Document defects on a vehicle inspection sheet Clean windows, and secure all loose items in cab and bed, or rear section of vehicle * Do not operate vehicle until safety defects have been mitigated * Ensure all guages are in proper working order * Check all tires for proper inflation, this includes spare, and tire changing equipment * First-Aid Kit is complete and is checked monthly with out of date items discarded and replaced * Check Fire Extinguisher monthly and ensue it is secure, and in a place that can be accessed easily * Check for Motor Vehicle Accident forms in glove box, or approprate place that can be found by who operates vehicle. Forms include SF-91, and SF-94 | | | |  | |  |  |  |
| General  Driving  Safety |  |  |  | | * Always drive with lights on * Always wear seat belts * Alert Supervisor or Dispatch of your destination and return time * Communicate with Supervisor or Dispatch upon return to duty station * Use turn outs, and wide spots to allow public to pass on narrow roads | | | |  | |  |  |  |
| **Hazard** | **Hazard Probability** | **Severity Code** | **RAC** | | **Mitigation or Abatement Action**  **(Engineering, Administrative, PPE, Avoidance, Education, etc)** | | | | **Hazard Probability** | | **Severity**  **Code** | **RAC** | **Acceptable**  **Yes/No** |
| General  Driving  Safety |  |  |  | | * Do not use cell phones, or talk on radio when driving * Observe all state and local laws, policies, and regulations * Follow posted speed limits, on all State, County, and Reservation roads * Maximum speed for all engines is 65 mph | | | |  | |  |  |  |
| Access  &  Egress  Backing |  |  |  | | * Always use a spotter when backing * Use hand signals when acting as a spotter * Get out and check behind your vehicle when backing alone * Honk your horn prior to initiating any back action to alert personnel * Always back into parking spot * Face danger when backing on narrow roads, firelines, and hillsides | | | |  | |  |  |  |
| Driver  &  Duty Day  Limitations |  |  |  | | * Employees will not exceed 10 hours per day driving * Two employees or more will not exceed 15 hours driving in a 24 hour period * Change drivers each 2 hours, and take frequent breaks * Stop vehicle and walk, or rest when you feel drowsy * A driver shall drive only if they have had at least 8 consecutive hours off duty before beginning a new operational period | | | |  | |  |  |  |
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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** |
| Driver  &  Duty Day  Limitations |  |  |  | | * To manage fatigue, no travel will be authorized off unit (excluding IA response) during mobilization and demobilization travel between 2200 hours and 0500 hours. * Documentation of mitigation measures implemented to manage fatigue, as provided by the existing work rest guidelines, is also required for drivers who exceed 16 hour work shifts. This is required regardless of whether the driver is still compliant with the 10 hour individual (behind the wheel) driving time limitations. | | | |  | |  |  |  |
| **Agency Administrators Signature and Date** | | | | | | | **Preparers Signature and Date** | | | | | | |

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| **MEDICAL PLAN** | | Project Name | Date Prepared | | | Name of Preparer | | | |  | | | | | |
| Transportation | | | | | | | | | | | | | | | |
| Ambulance Services | | | | | | | | | | | | | | | |
| Name | Address | | | | | | | Phone | | | | Paramedics  Yes No | | | |
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| 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