

Phase II (modified 1Mar21)CAPF 160S - REAL TIME RISK ASSESSMENT WORKSHEET

(This form may be used for smaller events or activities when full deliberate risk management and CAPF 160 are not required)

1. ACTIVITY <i>x Composite Squadron Weekly Meeting</i>				2. DATE <i>Reoccurring – See page 3</i>	
3. PREPARED BY					
a. Name (Last, First) <i>Last Name, First Name</i> b. Rank <i>Rank</i>				c. Duty/Position <i>Duty Position</i>	
d. Unit <i>VA-xxx</i>			e. Email <i>first.last@vawg.cap.gov</i>		f. Phone <i>xxx-xxx-xxxx</i>
4. SUB-ACTIVITY or SPECIFIC TASK	5. HAZARD	6. INITIAL RISK LEVEL	7. RISK CONTROL	8. HOW TO IMPLEMENT/ WHO WILL IMPLEMENT	9. RESIDUAL RISK LEVEL
COVID-19 Risk 1	Frequently touched surfaces could potentially transfer the virus from one individual to another	L	All surfaces will be disinfected prior to the meeting and disinfected frequently during the meeting	How: See page 3. Who: <i>Last Name, First Name</i>	L
COVID-19 Risk 2	Members carrying the virus unknowingly can transfer the virus by touching their face with their hands.	L	Frequent hand washing will be encouraged and/or hand sanitizer will be utilized.	How: See page 3. Who: All members.	L
COVID-19 Risk 3	Members carrying the virus unknowingly can transfer the virus through the air (breathing, talking, coughing, sneezing)	L	All members will wear face coverings at all times even when social distancing	How: See page 3. Who: All members.	L
COVID-19 Risk 4	Members attending the activity could have the virus as indicated by temperature of 100.4, shortness of breath, fatigue, or other symptoms outlined in questionnaire.	L	All members will check their temperatures at home before attending the activity and ask themselves the questions on the questionnaire in the phase II plan.	How: See page 3. Who: All members.	L
COVID-19 Risk 5	Members carrying the virus could potentially transfer the virus through close quarters with other members.	L	All members will practice social distancing.	How: See page 3. Who: All members.	L
		-		How: Who:	-
For additional entries for Items 4 through 9, use CAPF 160HL					
10. OVERALL RESIDUAL RISK LEVEL: <i>(The highest residual risk level in Column 9, with all controls implemented):</i>					
<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: APPROVE <input type="checkbox"/> DISAPPROVE <input type="checkbox"/>					
NOTE: ALL RESIDUAL RISKS ASSESSED AS "H" OR "EH" MUST BE APPROVED BY CAP/CC					
12. APPROVAL OR DISAPPROVAL OF MISSION OR ACTIVITY					
a. Name (Last, First, Middle Initial)		b. Rank	c. Duty Title or Position	d. Signature of Approval Authority	

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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: <i>Death, unacceptable loss or damage, mission failure, or unit readiness eliminated</i>	I	EH	EH	H	H	M
Critical: <i>Severe injury, illness, loss, or damage; significantly degraded unit readiness or mission capability</i>	II	EH	H	H	M	L
Moderate: <i>Minor injury, illness, loss, or damage; somewhat degraded unit readiness or mission capability</i>	III	H	M	M	L	L
Negligible: <i>Minimal injury, loss, or damage; little or no impact to unit readiness or mission capability</i>	IV	M	L	L	L	L

Legend: **EH** - extremely high risk **H** -high risk **M** - medium risk **L** - low risk

NOTE: All residual risks identified as " H" or "EH" must be approved by CAP/CC

Instructions for Completing CAPF 160S · RealTimeRisk Assessment Worksheet

NOTE: This form is to be used for smaller events or activities that do not require the use of the CAPF 160, as directed in CAPR 160-1. This form also serves as a guide for informal pre-activity risk assessments, pre-activity risk safety briefings and as an instructional aid to reinforce the use of risk assessments and risk management in all CAP events and activities.

<p>Block 1, 2: Activity. Briefly describe the event or activity. Examples include AE rocket launching event, cleaning the squadron hangar, or a squadron open house.</p>	<p>Block 9: Residual Risk level. Use the risk assessment matrix to assess the risk level for each hazard, using the probability and severity of the risk with the selected risk controls in place.</p>
<p>Block 3: Prepared By. Enter the name of the person performing the risk assessment. If done by a group, enter the name the person leading the risk assessment.</p>	<p>Block 10: Overall Residual Risk level. This is the highest of all the risk levels in Block 9. Note: Conducting with an event when residual risk is scored as "H" or "EH" requires approval of CAP/CC.</p>
<p>Block 4: Sub-Activity. Every large event is made up of smaller tasks. List each. Using the example of cleaning the squadron hangar, sub-activities might include moving and securing the aircraft, moving furniture, power washing the floor, etc.</p>	<p>Block 11: Overall Supervision Plan. Note who will be in charge of supervising the activities, and making go/no-go decisions as circumstances change. Who is "in charge" at the activity?</p>
<p>Block 5: Hazard. List the hazards associated with each sub-activity (block 4). There may be multiple hazards associated with each sub-activity.</p>	<p>Block 12: Approval/Disapproval. Following a review of all hazards and risk controls, the person in charge of the activity (e.g., squadron commander, activity director, wing commander, etc.) will approve or disapprove the event.</p>
<p>Block 6: Initial Risk level. Use the risk assessment matrix (above) to assess the risk of each hazard, considering the probability and severity of the risk.</p>	<p>Briefing the Plan: It is imperative that all participants are aware of the risks, risk controls, and their role in each activity. Leaders are advised to use this completed form as a briefing guide prior to the activity.</p>
<p>Blocks 7, 8: Risk Controls. Describe the controls that will be used to reduce the probability or severity of each risk, including a description of how that control will be implemented and who is responsible for monitoring the control.</p>	

AFTER-ACTION FEEDBACK AND LESSONS LEARNED:

Additional Phase II Activity Details

COVID-19 Risk 1 Implementation:

This constitutes as the cleaning/sanitization plan for this activity. The CDC guidance for cleaning and disinfecting has been reviewed. The unit has obtained **xxxx** disinfectants (that are EPA approved) and **xxx** gloves (to be worn during cleaning only) and will follow CDC guidance to disinfect the following areas to be used prior to the activity: **xxxx**. The following areas have been identified as frequently touched surfaces and will be disinfected frequently: **xxxx** (*door handles, bathroom faucets, etc.*). All areas will be disinfected upon completion of the meeting. **Rank First Name Last Name** has been assigned to ensure this is completed.

COVID-19 Risk 2 Implementation:

This constitutes as the hand washing plan for this activity. At the facility, the following restrooms are available for frequent hand washing: **xxxx**. **OR** This is an outside meeting/activity, the unit has obtained **xxxx** hand sanitizer to be used. (**OR** both!)

COVID-19 Risk 3 Implementation:

This constitutes as the face covering plan for this activity. All members have been provided guidance that they must bring their own face covering. The unit has procured **xxxxx** for members who either forget or cannot provide **OR** members will not be permitted at the meeting/activity if they do not wear a face covering.

COVID-19 Risk 4 Implementation:

This constitutes as the temperature check plan for this activity. All members have been provided with the COVID-19 screening questionnaire found in the wing's phase II plan and have been instructed to self-check temperature and all questions before departing for the meeting/activity. If their answer matches conditions for denial of participation, they will report their inability to attend to the activity leader (or chain of command). Upon arrival, members will be asked if they have reviewed this checklist, if they have any changes, and will be required to do so if they have not done so.

COVID-19 Risk 5 Implementation:

This constitutes as the social distancing plan for this activity. **xxx** facility can support social distancing. The classroom will be modified to only allow **xxx** members in the room to ensure social distancing. (Repeat for each room to be used.) All formations will be done outside to ensure spacing.

DATE: This plan will be implemented for each unit meeting moving forward. Any modifications or recommendations for improvement will be sent to the remobilization team directly.

VAWG Unfunded Mission Number: **xxxxx**

Personnel Limit: The phase II personnel limit is 50 (**currently 25 for outdoor activities/ 10 for indoor activities**), which includes members, parents, visitors, and any individuals that are present. We are addressing this by **xxxxxx**. (Microsoft Office Form sign-up prior to activity, only allowing those who signed up to attend, asking parents to stay in vehicles, etc.)

Local Health Guidance Checks: Our local health department is **xxx** and we will monitor **xxxx** website for any changes as well as the latest forecast from the National Weather Service. We will announce any changes through Microsoft Teams and email.

High Risk Individuals: High risk individuals (as defined by the CDC) are encouraged to participate virtually. We will accommodate this activity/meeting virtually through the following **xxxxx** [**OR** indicate this activity cannot be accommodated and alternate options to participate/support].