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| Form 1112-5  (May 2001) | UNITED STATES  DEPARTMENT OF THE INTERIOR  BUREAU OF LAND MANAGEMENT  **RISK MANAGEMENT WORKSHEET** |  |

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| 1. Organization and Location  **Central Utah Interagency Management Area** | | | | | | | | | | | | | 2. Page \_\_\_\_1\_\_\_\_of\_\_\_\_\_1\_\_\_\_\_\_\_\_ | |
| 3. Operation /  WH&B Census flight | | | | | | 4. Beginning Date:  05/20/2013 | | | 5. Ending Date:  12/31/2014 | | | | 6. Date Prepared  05/20/2013 | |
| 7. Prepared by *(Name / Duty Position)* Blake Ford, Interagency Aviation Manager | | | | | | | | | | | | | | |
| **8. Identified Hazards** | **9. Assess the Hazards: Initial Risk** | | | | **10. Control Measures Developed for Identified Hazards*: (Specific measures taken to reduce the probability of a hazard)*** | | **11. Assess the Hazard’s Residual Risk:** | | | | | **12. How to Implement the Controls: *( Include***  ***SOP’s ,references, etc.)*** | | **13. Supervisors and Evaluation by: (Continuous Leader Checks, Buddy System, etc.)** |
| **(Be Specific)** | **L** | **M** | **H** | **E** | **(Be Specific)** | | **L** | **M** | | **H** | **E** | **(Be Specific)** | | **(Be Specific)** |
| Low level flight regime/mechanical  failure  Towers, wires  Airspace coordination/MOA’s  Acceptance of high risk missions as normal |  | XX | XX  XX  XX |  | Follow IHOG Policy Ch 14, ensure scheduled maintenance, preflight checks, power assurance checks are performed. Use appropriate PPE/ALSE  Aerial Hazard maps, do high level recon before going low level  Utilize Dispatch for airspace de-confliction  Review risk assessment & existing policy/  Procedures. Brief/debrief w/all involved, utilize risk mgmt tools | |  | XX  XX  XX | | XX |  | Review aircraft log books with pilots, call maintenance inspectors if questions  Briefings prior to flight  Maintain close contact with dispatch  Educate personnel on the hazards of normalization of risk and complacency | | Monitored by Contract Pilot/Helicopter Manager  All personnel  Contract Pilot/Helicopter Manager/ Dispatch checks for air space de-confliction.  Interagency Aviation Manager, all personnel |
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| 14. Remaining Risk Level After Control Measures Are Implemented: (CIRCLE HIGHEST REMAINING RISK LEVEL) | **LOW**  (Line Supervisor/ helicopter Manager) | **MEDIUM**  (Branch Chief/IAM/ FAO) | **HIGH**  (District Manager/ Forest Supervisor) | **EXTREMELY HIGH**  (Must be State Director/Associate/ Regional Forester) |
| 15. RISK DECISION AUTHORITY: **(Approval/Authority Signature Block)** (If Initial Risk Level is Medium, High or Extremely High, Brief Risk Decision Authority at that level on Controls and Control Measures used to reduce risks) (**Note**: if the person preparing the form signs this block, the signature indicates only that the appropriate risk decision authority was notified of the initial risk level, control measures taken and appropriate resources requested; and that the risk was accepted by the decision authority.)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature | | | | |