SMALL BOAT UNIT RISK ASSESSMENT WORKSHEET

VESSEL: _____ **DATE/TIME:** _____
LOCATION: _____ **COXSWAIN:** _____

This worksheet assists this unit in risk management assessment, crew safety and mission readiness. Variations have been made to traditional GAR categories to accommodate our specific mission. This form ***shall be completed prior to*** each mission, and **re-evaluated** by the Coxswain and OOD **throughout** the entire evolution.

USING A *STEP* PROCESS:

1) *IDENTIFY MISSION TASKS* 2) *IDENTIFY HAZARDS* 3) *ASSESS RISKS*
4) *IDENTIFY OPTIONS* 5) *EVALUATE RISK VS GAIN* 6) *EXECUTE DECISIONS*
7) *MONITOR SITUATION*

COXSWAIN EXPERIENCE (Add 2 pts if fatigued):

6	5	4	3	2	1	
Qualified			Above Average		Exceptional	_____

CREW EXPERIENCE (Add 2 pts if fatigued):

6	5	4	3	2	1	
Qualified			Above Average		Exceptional	_____

PLANNING (SITUATION EVALUATION):

6	5	4	3	2	1	
Poor Plan		Fair Plan		Good Plan		_____

WX CONDITIONS (Add 4 pts to total for night):

Sea Conditions:_____ Visibility_____ Winds_____

6	4	2	1	6	3	1	6	4	2	1	
6-8'	4-6'	2-4'	<2'	<1mile	1-3 miles	>3miles	>20kts	15-20kts	10-15kts	<10kts	_____

TIDAL CONDITIONS AND CURRENT:

State of Tide_____ Speed and Direction of Current_____

6	4	2	1	
>3kts	2kts	1kt	<1kt	_____

EVOLUTION COMPLEXITY:

6	5	4	3	2	1	
Very Complex		Moderately Complex		Routine		_____

VESSEL CONDITION:

6	5	4	3	2	1	
Major Limitations			Minor Limitations		No Limitations	_____

TOTAL POINTS: _____

Contact the CO/OIC upon completion of this risk assessment work sheet. Guidelines used by the CO/OIC or his/her direct representative for GO/NO GO decisions will be based on the following points:

GREEN	**AMBER**	**RED**
<22 POINTS	22-44 POINTS	>44POINTS
GO	**REQUIRES FURTHER REVIEW**	**NO GO**