



CONNECTICUT MILITARY DEPARTMENT

INSTRUCTIONS FOR RISK MANAGEMENT WORKSHEET

PURPOSE: To ensure safety precautions are taken in the execution of training of the Armed Forces of the State of Connecticut

COMPLETION:

- **UNIT INFORMATION:** Basic information of the unit executing the training
- **TRAINING EVENT:** Name of the overall mission (ie: Weapons Qualification) and the date, time and location of the event with the name of the individual responsible for the supervision of all training
- **RISK MANAGEMENT:**
 - **SUBTASK:** List each subtask that is to be executed during the course of the training event
 - **HAZARDS:** List all potential hazards related to the subtask
 - **INITIAL RISK LEVEL:** Commandant's initial assessment of the risk prior to implementing controls (use Risk Assessment Matrix)
 - **CONTROLS:** Provide a description of how the hazard will be eliminated or reduced
 - **RESIDUAL RISK LEVEL:** Commandant's risk assessment after controls have been implemented
 - **IMPLEMENTATION PLAN:** Describe how the control will be implemented
 - **SUPERVISOR:** Name of the individual responsible for the supervision of these controls
 - **EFFECTIVENESS:** Describe the effectiveness of the control upon the completion of the event and include with the event After Action Review for reference in future similar events
- **OVERALL ASSESSMENT:** Circle the overall risk assessment for this event. Use the Risk Assessment Matrix
- **RISK DECISION AUTHORITY:** Signature of the Commandant or his designated representative. Designated representative must be approved prior to the submission of this worksheet

RISK ASSESSMENT MATRIX:

SEVERITY	PROBABILITY				
	Frequent	Likely	Occasional	Seldom	Unlikely
Catastrophic	Extremely High	Extremely High	High	High	Moderate
Critical	Extremely High	High	High	Moderate	Low
Marginal	High	Moderate	Moderate	Low	Low
Negligible	Moderate	Low	Low	Low	Low

SEND WORKSHEET & SUPPORTING DOCUMENTATION TO:

Connecticut Military Department
 Military Administrative Officer
 360 Broad Street – Room #113
 Hartford, Connecticut, 06105-3795
 (860) 548-3288 (fax)
 (860) 524-4904 (alt fax)

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UNIT INFORMATION					
UNIT			COMMANDANT		
UNIT ADDRESS					
TRAINING EVENT					
MISSION	DATE OF EVENT	START TIME	END TIME	LOCATION OF EVENT	OFFICER IN CHARGE (OIC)
RISK MANAGEMENT	SUBTASK #1	SUBTASK #2	SUBTASK #3	SUBTASK #4	
SUBTASK:					
HAZARDS:					
INITIAL RISK LEVEL:					
CONTROLS:					
RESIDUAL RISK LEVEL:					
IMPLEMENTATION PLAN:					
SUPERVISOR:					
EFFECTIVENESS:					

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RISK MANAGEMENT WORKSHEET**



RISK MANAGEMENT	SUBTASK #5	SUBTASK #6	SUBTASK #7	SUBTASK #8
SUBTASK:				
HAZARDS:				
INITIAL RISK LEVEL:				
CONTROLS:				
RESIDUAL RISK LEVEL:				
IMPLEMENTATION PLAN:				
SUPERVISOR:				
EFFECTIVENESS:				
OVERALL ASSESSMENT <i>(circle one)</i>				
LOW	MODERATE	HIGH	EXTREMELY HIGH	
RISK DECISION AUTHORITY				
PRINTED NAME	RANK	DUTY POSITION	SIGNATURE	