



DEPARTMENT OF THE NAVY
COMMANDER NAVY REGION SOUTHWEST
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IN REPLY REFER TO:
COMNAVREGSWINST 5100.13
N22HP

30 JAN 2006

COMNAVREGSW INSTRUCTION 5100.13

From: Commander, Navy Region Southwest

Subj: RECREATION AND OFF-DUTY SAFETY (RODS) PROGRAM

Ref: (a) OPNAVINST 5100.25 Series
(b) OPNAVINST 3500.39B

Encl: (1) High-Risk Activity Checklists

1. Purpose. This instruction establishes the Recreation and Off Duty Safety (RODS) program and assigns responsibilities for developing, issuing, implementing and enforcing program requirements at Navy Region Southwest (NRSW) installations.

2. Background. Recreational and off-duty high-risk activities have historically taken the lives of many of our Sailors. Reference (a) was developed and issued to provide proactive/intervention methods for leaders to take in an effort to prevent the unnecessary loss of life to our Sailors during off-duty hours. Reference (b) reissued policy for Operational Risk Management (ORM) as an integral part of the decision-making process for personnel on or off-duty.

3. Discussion

a. General. Losing our Sailors to unnecessary off-duty mishaps is not acceptable.

b. A leader's knowledge and concern of Sailors' off-duty recreational activities are a must in order to:

(1) Provide positive leadership (mentorship).

(2) Demonstrate full support for the Navy's drug and alcohol program that reinforces, both on and off-duty behavior, positive individual and social activity as related to recreational activities.

4. Responsibilities

a. Commander, Navy Region Southwest shall:

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(1) Designate in writing, by name or position, a Regional RODS Program Manager (PM) having responsibility over program elements.

(2) Ensure the Regional RODS PM attends or hosts local RODS-related training, safety conferences, workshops and seminars to remain knowledgeable of ongoing and emerging RODS issues. Also ensure the Regional RODS Program Manager remains current with applicable courses and workshops offered by the Naval Occupational Safety and Health and Environmental Training (NAVOSHENVTRACEN), Parks and Recreation Service, National Recreation and Parks Association (NRPA), National Playground Safety Institute (NPSI), U.S. Coast Guard (USCG) Auxiliaries, Safe Community Coalitions and advisories of home-related hazards available from the U.S. Consumer Product Safety Commission (CPSC) at <http://www.cpsc.gov/>.

b. NRSW RODS Program Manager

(1) Develop, issue, implement and enforce program requirements at NRSW installations.

(2) Coordinate, manage and provide resources for an effective RODS program at NRSW installations and tenant commands.

(3) In conjunction with the installation safety staff, provide military personnel with quarterly seasonal briefs.

(4) Provide RODS program continuity binders to installation level RODS program coordinators, command/department-level RODS program coordinators, MRW RODS program coordinators and RODS continuity binders for supervisors.

c. Commanders, Commanding Officers and Officers-in-Charge shall:

(1) Establish or adopt the host RODS program and assign responsibilities for developing, issuing, implementing and enforcing RODS program regulations.

(2) Designate in writing, by name or position, a RODS Program Coordinator to carry the responsibilities in reference (a) and this instruction.

(3) Ensure all Sailors receive RODS training at command indoctrination.

(4) Ensure RODS inspection results, issues and mishap data are incorporated into the installation quarterly OSH Council Meetings.

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d. Host RODS Program Coordinators shall:

(1) Manage the RODS program within their AOR.

(2) Comply with the requirements of reference (a) and this instruction.

(3) Maintain the RODS program coordinator continuity binder issued by the RODS PM.

(4) Conduct annual inspections of recreational facilities and equipment. The inspections should be coordinated with the cognizant Safety Manager's annual workplace inspections to avoid duplication. Each identified hazard must be described on the NAVOSH Deficiency Notice (OPNAV 5100/12) by the host RODS Program Coordinator.

(5) Establish a RODS council to discuss and disseminate information, analyze mishaps, prioritize deficiencies, discuss RODS training issues and identify hazardous activities. The host RODS program coordinator shall chair the meeting. Representatives from NRSW activities and tenant commands should be in attendance. The RODS council shall meet quarterly, or more frequently as warranted. The primary mission of the RODS council shall be:

(a) Analyze RODS mishaps occurring within their jurisdiction.

(b) Identify and analyze deficiencies, as well as any design and operating features that may contribute to mishaps or their severity.

(c) Track significant deficiencies or action items on the region deficiency abatement log until they have been brought to resolution.

(6) Provide the results of the annual inspections of recreational facilities and equipment and RODS safety issues to the cognizant Safety Manager for incorporation into the host quarterly OSH council meetings.

(7) Provide input/recommendations to the RODS PM for quarterly seasonal safety briefings.

(8) Submit quarterly seasonal safety briefing requests to the NRSW RODS PM, including requested dates, times and locations, in advance to the RODS PM.

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(9) Conduct and document initial (and annually thereafter) RODS program self-audits. The checklists are provided in the RODS program coordinator continuity binders. Provide copies to the RODS PM.

e. Command/Department RODS Program Coordinators shall:

(1) Manage the RODS program within their AOR.

(2) Comply with the requirements of reference (a) and this instruction.

(3) Ensure all Sailors are informed of the RODS program requirements at command indoctrination.

(4) Attend the host RODS program coordinator's quarterly RODS council meetings.

(5) Maintain the RODS program coordinator continuity binder issued by the RODS PM.

(6) Conduct and document initial (and annually thereafter) RODS program self-audits. The checklists are provided in the RODS program coordinator continuity binders. Provide copies to the host RODS program coordinator.

f. MWR RODS Program Coordinators shall:

(1) Manage the RODS program within their AOR.

(2) Comply with the requirements of reference (a) and this instruction.

(3) Attend the host RODS program coordinator's quarterly RODS council meetings.

(4) Maintain the MWR RODS program coordinator continuity binder issued by the RODS PM.

g. Officers, Chief Petty Officers and Enlisted Supervisors shall:

(1) Manage the RODS program within their AOR.

(2) Comply with the requirements of reference (a) and this instruction.

(3) Ensure the supervisor level RODS program continuity binders issued by the RODS PM is maintained.

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(4) Ensure all Sailors are briefed on the requirements of reference (a) and this instruction, including their personal responsibilities. If Sailors participate or plan on participating in any RODS high-risk activities identified in enclosure (1), discuss, complete and fill out the appropriate High-Risk Activity Checklist in TAB F of the RODS continuity binder.

(5) Conduct and document initial (and annually thereafter) RODS program self-audits. The checklists are provided in the RODS program continuity binders. Provide copies to the command/department RODS program coordinator.

h. Individuals shall:

(1) Inform their supervisors of their current participation, or intent to participate, in any of the high-risk activities in enclosure (1).

(2) In the event a decision to participate in a high-risk activity is decided while on leave or liberty, utilize the ORM principals learned to protect themselves.

5. Action. Addressees shall implement the requirements of references (a), (b) and this instruction upon receipt.


M. R. ALLEN
Chief of Staff

Distribution:
Electronic only, via CNRSW Directive Web site
<http://www.cnrsw.navy.mil/Admin/index.htm>

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HIGH RISK ACTIVITIES CHECKLIST INDEX

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**HIGH RISK BRIEFING CHECKLIST
FOR
ALL-TERRAIN VEHICLES**

**NOT
YES NO N/A OBS**

1. How long have you been riding? _____

2. What type of ATV will you be riding? _____
Examples: 4-wheeler, quad or buggy.

NOTE: 3-wheel ATVs have experienced rollovers causing death and serious injuries in the past. Therefore, Navy service members are forbidden to operate or on ride on a 3-wheel ATV.

3. How often do you ride?

4. Do you race?

5. What PPE safety gear will you be wearing?
(DOT approved helmet, goggles, boots, long pants, long sleeve shirt, and proper reflective gear if riding at night.) _____

6. Where will you be riding? _____

7. Have you ever ridden this particular route before?

8. How many times? _____

9. What type of terrain encompasses this route? _____

10. Are you experienced in this type of terrain?

11. Will you be doing any night riding?

12. Is the route lit at night?

13. When you ride at night, do you insure the headlight is working properly?

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	YES	NO	N/A	NOT OBS
14. Is it considered safe and is it legal to ride at night in the areas you normally ride?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you know if it is legal to ride an all-terrain vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you attended any rider safety courses? If, Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. What courses?				_____
b. How long ago?				_____
17. How often do you perform maintenance?				_____
18. Before riding, do you perform a road check of the vehicle? <i>Examples: tires, brakes, lights, cables, fuel lines, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**HIGH RISK BRIEFING CHECKLIST
FOR
AUTO RACING**

	YES	NO	N/A	NOT OBS
1. Have you ever raced automobiles before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Where?	_____			
b. When?	_____			
c. What type of race?	_____			
<i>Examples: distance type race, stock car, drag, etc.</i>				
2. Is the race you are participating in a SCCA sanctioned event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Prior to racing, is your car inspected by the proper authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently a member of the SCCA or have you previously raced with the SCCA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you familiarized yourself with the GCR which provide the requirements placed on all competitors of the SCCA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have the required battery tie down installed in the vehicle you will be racing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a three-point seat belt or harness in the car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the car have a roll bar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Will you be wearing a DOT approved helmet while racing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Will fire-resistant clothing be worn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you are racing a "prepared car" that's not street legal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. How will that car be towed to the event?	_____			

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13. Are you familiar with the track on which
you'll be racing?

Example: terrain, conditions

			NOT
YES	NO	N/A	OBS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**HIGH RISK BRIEFING CHECKLIST FOR
BOATING**

	YES	NO	N/A	NOT OBS
OPERATOR				
1. Have you received any formal safety training or boating education (Coast Guard or other)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If so, where did you get the training?	_____			
b. When did you get the training?	_____			
2. Do you have current charts for the areas you be fishing, whether inland or open ocean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you understand laws governing boating under the influence of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you understand alcohol is a common cause of boating or water-related mishaps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you wear an approved life preserver, especially while operating the boat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you understand what effects environmental exposure can have on operator safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you aware of proper safe fueling operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you reviewed safe procedures for securing your boat? <i>Example: Dock, shore, anchoring, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you know the law concerning water skiing? <i>Example: Having mirrors or observer.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you operate the boat at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you know the boat lighting requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you understand the increased hazards of operating a boat with decreased visibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have a float plan? Do you have a back-up plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- | | YES | NO | N/A | NOT
OBS |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 14. If you fall out, do you have an ignition kill device and do you wear it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. If your motor fails, do you have oars, tow rope or signaling devices? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Does anyone know your plans and fishing location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If so, who? | _____ | | | |
| b. What is their phone number? | _____ | | | |
| 17. Do you take along exposure or wet weather gear? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you check weather and water conditions before going out? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TRAILER/TOWING

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Do you understand the effects of a boat and trailer on the vehicle?
<i>Example: Braking, turning, wet or icy conditions, etc.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you know what safety measures to use for launching and recovering your boat? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

BOAT

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Are you familiar with your boat's passenger and cargo capacity safety limits? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you understand your boat's capabilities and limitations?
<i>Example: Weather, seas, power, etc.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you know what safety equipment the law requires on your boat? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Fire extinguisher? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Required type, size and amount of personal flotation devices? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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	YES	NO	N/A	NOT OBS
c. Stern and bow lights operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Horn/whistle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other equipment:				
(1) Anchor (line at least 2x water depth) rated for the boat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Oar or other back up if motor fails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Tow rope?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) First aid kit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Tool kit with flashlight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAILER

1. Is the vehicle and hitch rated for towed weight equal to, or higher than, your boat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you safety check the lights, tire condition, tie-down devices before towing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If your trailer is rigged with brakes, have they been checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Bearings greased?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tires, spare, jack in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Boat secured properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Safety chains?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Proper ball size and good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Have you considered placing reflective material on your trailer to enhance visibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**HIGH RISK BRIEFING CHECKLIST
FOR
BUNGEE JUMPING**

	YES	NO	N/A	NOT OBS
1. Have you ever bungee jumped before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the company you will be jumping with or the "jumpmaster" registered with the USBA or NABA thus ensuring certain rules and safety items are adhered to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you familiar with the difference between <u>Bungy</u> (lower velocity, smoother ride) and <u>Bungee</u> (more freefall, higher G-load)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Will you be jumping from a bridge or a crane with a "cage-type" platform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If jumping from a crane, are you aware of the restrictions placed on the angle of the crane, the height of the cage and distance the cage should be below the crane so you may recognize an improperly operated "crane-jump" business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you aware, if the jump will be from a legal site or from a car, or pedestrian bridge. Do you realize there are only a few bridges in all of North America that are a legal bungee jumping site and that the organization operating off of a bridge is most likely doing so illegally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you familiar with the wind restrictions associated with bungee jumping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Will you be making an ankle jump or will you be tied off at the waist? Is there a harness that meets NABA and USBA safety standards?	_____			
9. If tied off at the waist, will the required "cradle-type" harness be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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HIGH RISK BRIEFING CHECKLIST
FOR
CIVILIAN LIGHT AIRCRAFT
OR
HELICOPTER FLYING

	YES	NO	N/A	NOT OBS
1. Do you hold an FAA pilot license and current FAA medical certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How long have you been flying?	_____			
3. How many flight hours do you have?	_____			
4. Do you own or rent when you fly?	_____			
5. Do you understand the flight requirements of FAR part 61 and part 91 as they apply to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been checked out to fly your aircraft or helicopter by a certified flight instructor (CFI) who is experienced in that airplane or the phases of helicopter in flight you intend to participate, and do you know the aircraft's limitations? <i>Examples: new aircraft, high performance aircraft or tail wheel aircraft, helicopter checkout required by FAR part 61.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you receive recurrent training in your aircraft or helicopter by a CFI? <i>Example: Bi-annual flight review is required.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How many times have you flown in your planned area of flight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. When planning a cross-country flight do you consider weight and balance, fuel consumption, landmarks and familiar or unfamiliar terrain, effects of density altitude, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the aircraft have an airworthiness certificate and has it received an annual inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you intend to do aerobatics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have the proper checkout and waiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	NOT			
	YES	NO	N/A	OBS
13. Do you plan to fly in formation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you understand that all formation flying must be briefed and agreed on by all pilots involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. If you intend to fly in mountainous terrain or participate in acrobatics, have you had a checkout for this type of flight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you understand you must get sufficient rest before flying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you conducted any night flying, in the weather, or both?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. If you don't have an instrument rating, do you understand there can be serious difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. When you fly with passengers, do you comply with the FARs regarding proficiency? <i>Example: takeouts and landing requirements.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**HIGH RISK BRIEFING CHECKLIST
FOR
DIRT BIKING**

	YES	NO	N/A	NOT OBS
1. What experience, if any, do you have on motorcycles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. What type?	_____			
b. How long?	_____			
c. What kind of terrain?	_____			
2. Do you wear DOT approved helmet and eye protection? <i>Example: Full-face with goggles preferred, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you wear PPE when operating the dirt bike? <i>Example: High-ankle boots, leather gloves, long sleeve shirt, pants, pads, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ride with a partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you carry a small tool kit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Prior to riding, do you conduct an inspection of your bike? <i>Example: Gas, Chain, Suspension, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you let someone know where you will be and how long you will be gone each time you ride?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**HIGH RISK BRIEFING CHECKLIST
FOR
EXPERIMENTAL AIRCRAFT FLYING**

	YES	NO	N/A	NOT OBS
1. What is your experience in flying experimental aircraft?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you insured for this type of flying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you or the pilot of the aircraft have a current FAA license and medical certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you or the pilot had your bi-annual check required for single engine or multi-engine land rating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. What is your experience in doing aerobatic flying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you aware that if you perform acrobatics they can be done no lower than 1500 AGL unless the pilot has an appropriate waiver and that parachutes are required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you aware of what constitutes aerobatics according to the FAA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you aware that formation flights must be pre-briefed and agreed on by all pilots involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you familiar with the pre- and post-stall characteristic of this aircraft?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does this aircraft have a stall warning system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Be conservative, don't attempt something you have not practiced in dual training with an FAA instructor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Flight Commander must write up a Form 803 (for student pilots). Does this include you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you or the pilot of the aircraft have a checklist or use a checklist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30 JAN 2006

**HIGH RISK BRIEFING CHECKLIST
FOR
HANG GLIDING**

	YES	NO	N/A	NOT OBS
1. How long have you been hang gliding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How many hours do you have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you own or rent the hang glider you use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you thoroughly familiar with the hang glider you use before you fly it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If you rent, do you ensure the hang glider has been checked for airworthiness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When you fly, do you take into consideration weather, destination surroundings, altitude limitations, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you made someone on the ground aware of your intentions to hang glide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Will there be other hang gliders in your general area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**HIGH RISK BRIEFING CHECKLIST
FOR
HOT AIR BALLOONING**

	YES	NO	N/A	NOT OBS
1. Are the company and pilot with whom you plan to fly accredited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the pilot hold a commercial balloon pilot's license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the craft have an airworthiness certificate and current annual inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hot Air Ballooning is regulated by the FAA and the balloonist must comply with all rules and regulations set therein. Are you familiar with the rules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you considered terrain, weather and population of both take-off and landing zones?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How far are you ballooning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Will there be other balloon traffic in the flight Zone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have contingency plans for problems that may arise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you made someone on the ground aware of your intentions to balloon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30 JAN 2006

**HIGH RISK BRIEFING CHECKLIST
FOR
HUNTING**

	YES	NO	N/A	NOT OBS
1. How long have you been hunting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you familiar with the local area hunting rules, licensing requirements, and bag limits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you determined whether or not you must attend a hunter safety course before you can obtain a license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. What type of animals or birds do you hunt?	_____			
6. Do you know what firearms are allowed for the type of animals or birds you are hunting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you own your own rifles or shotguns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If so, how do you properly maintain them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If not, how do you know they're safe to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you load your own ammunition? If so, what precautions do you take to ensure the loading area is safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Where do you typically hunt? <i>Example: Private land, public land, own land, etc.</i>	_____			
10. Do you hunt in groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If so, what is the typical size of the hunting party?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If not, when and where you are going?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If hunting waterfowl by boat, is it in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO	N/A	NOT OBS
12. If hunting deer and using a tree stand, is it in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If you plan on hunting outside the local area, will you use a hunting guide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If not, how familiar are you with the hunting area?	<hr/>			
b. Do you know what the hunting rules are if hunting in another state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Will you be using an aircraft to get into remote hunting sites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAUTION: Several mishaps have occurred when hunters overload their aircraft with big game.				
15. Do you wear brightly colored clothing, especially if hunting in heavily wooded areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is clothing adequate for hunting environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Do not carry loaded rifles or shotguns in the vehicle compartment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have a first aid kit readily available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you reviewed the checklist for aircraft flight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30 JAN 2006

**HIGH RISK BRIEFING CHECKLIST
FOR
JET SKIING/PERSONAL WATER CRAFT**

	YES	NO	N/A	NOT OBS
1. Are you aware of the boating laws of the state in which you operate your jet ski/PWC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How long has it been since you inspected the trailer for working lights, inflated tires, adjusted bearings, a working hitch mechanism, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the hitch the right size for the ball you are using?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Prior to riding, do you inspect the jet ski/PWC for broken parts, cracks in the hull, leaking fuel lines, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have an approved life preserver or have you arranged to obtain one?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When/if you pull skiers, do you have a spotter on board the jet ski/PWC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. While riding, do you maintain safe distances from swimmers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do not consume alcohol prior to, or while, riding a jet ski/PWC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If at all possible, don't ride alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you inform someone of where you will be riding and when you plan to return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you use a float plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30 JAN 2006

**HIGH RISK BRIEFING CHECKLIST
FOR
KAYAKING**

	YES	NO	N/A	NOT OBS
1. When kayaking, do you ensure all individuals?				
a. Know how to swim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have and plan to wear proper lifejackets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have and plan to wear proper head protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. What is the experience of each kayaker?	_____			
3. What is your experience level in kayaker?	_____			
4. How many times have you been kayaking before?	_____			
5. What class of river have you kayaked in the past? <i>Example: Classes 1-5, 1=slow, 5=impassable.</i>	_____			
6. Will there be EMT or medically qualified individuals in the group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the river guide or company provide proper preventative training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the river guide or company licensed, insured and reputable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you or anyone going kayaking with you have any medical problems limiting heavy physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If you are going on an extended kayaking trip, have you arranged to check in with park authorities along the route?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**HIGH RISK BRIEFING CHECKLIST
FOR
MOTORCYCLING**

	YES	NO	N/A	NOT OBS
1. What is your experience level?	_____			
2. Have you attended the MSF training course, which is required for all military members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the command been notified of your motorcycle registration and/or training requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have all the PPE required by OPNAVINST 5100.12H?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Does your helmet meet DOT standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you wear a face-shield or impact resistant goggles unless windshield is as high as the top of rider's helmet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you wear brightly colored vest or jacket during day and reflective gear at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you wear long sleeves, long pants and full fingered gloves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sturdy over the ankle footwear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you aware that the PPE listed in paragraph 4 above is required for on and off-base riding for all military personnel, and applies to operators and passengers alike?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you planning on racing or participating in any event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30 JAN 2006

**HIGH RISK BRIEFING CHECKLIST
FOR
MOUNTAIN CLIMBING OR RAPPELLING**

	YES	NO	N/A	NOT OBS
1. Do you own your own, borrow or rent equipment? _____				
NOTE: Do not borrow equipment from other than a professional school.				
2. Is the equipment replaced on a timely basis? (Every 4 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you do a maintenance check of all equipment prior to each climb or rappel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you accomplished formal training for climbing or rappelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How much training have you had and by whom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What previous experience do you have in climbing or rappelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Where have you climbed previously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Where in the local area will you be climbing or rappelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How long has it been since you have been climbing or rappelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is a log kept of usage of the climbing surface for normal deterioration of the rock and record of falls? (site management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Will there be at least one other person climbing or rappelling with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you carry an adequately equipped first-aid kit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you made yourself aware of wild animals that are in your climbing area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30 JAN 2006

**HIGH RISK BRIEFING CHECKLIST
FOR
PARASAILING**

- | | YES | NO | N/A | NOT
OBS |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Have you ever parasailed before? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How many times? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you researched the reputation of the company with whom you parasail? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the operator of the towing boat licensed by the USCG? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you asked for the operating and inspection procedures for the company's equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do they inspect ropes, parasails and canopies every 250 tows? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: The company with whom you sail should replace ropes every 6-12 months and make sure they are 1/2-inch tight twisted Dacron rope with a minimum 3,500 lbs. tensile strength. The eye at the end of each rope should be 6-8 inches.

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. Each time you parasail, do you ask when the equipment in use was put into service? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|

NOTE: Do not use it if it has gone past its service life.

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 8. Each time you parasail, do you personally inspect your canopy for tears, harnesses to make sure all hooks and latches work and rope and yoke for proper operation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|

- | | | | | |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 9. Does the company issue head protection, life preservers, gloves and lace-up boots? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|

NOTE: If they do not provide this PPE, don't parasail with them.

30 JAN 2006

**HIGH RISK BRIEFING CHECKLIST
FOR
POWERED HANG GLIDING**

	YES	NO	N/A	NOT OBS
1. How long have you been hang gliding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How many hours do you have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you own or rent the hang glider you fly?	_____			
4. Do you thoroughly familiarize yourself with the hang glider before you fly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If you rent, do you ensure the hang glider has been checked for airworthiness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When you fly, do you take into consideration weather, destination surroundings, altitude limitations, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you use a checklist for each flight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30 JAN 2006

**HIGH RISK BRIEFING CHECKLIST
FOR
RODEO/BULL-RIDING**

- | | YES | NO | N/A | NOT
OBS |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. What events do you plan to enter? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. What is your background and training? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is your equipment owned or borrowed? | _____ | | | |
| 4. Do you perform routine maintenance checks prior to the riding event to ensure the proper condition of the equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you aware of the potential hazards for injury? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the sponsor of the event reputable (i.e. sanctioned by the PRCA or other professional rodeo association)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you properly insured for this type of activity? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In the event of the worst happening, is there a plan of contact or notification? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

BUCKING EVENTS

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Do you have a flak vest? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you plan to wear a helmet? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are your saddle, bareback rig and/or bull rope in good working order? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a knowledgeable, experienced chute man? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are there qualified bullfighters or pick-up men? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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ROPING EVENTS AND STEER WRESTLING

			NOT	
	YES	NO	N/A	OBS
1. Is your horse owned or borrowed?	_____			
2. Is the horse properly trained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you familiar with the horse's actions and/or temperament?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is your tack in good shape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a knowledgeable, experienced hazer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30 JAN 2006

**HIGH RISK BRIEFING CHECKLIST
FOR
SCUBA DIVING**

	YES	NO	N/A	OBS
1. How long have you been a certified SCUBA diver?				
2. What level of certification is your highest certification?				
3. What kind of water conditions have you experienced?				
4. Are you diving with a certified diver experienced in the waters in which you will be diving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When diving, do you:				
a. Budget your dive time to ascend before your pressure gauge decreases to 500 pounds per sq. inch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Test all equipment and mark dive area with a dive flag prior to entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Always have a dive partner and two regulators in the event one fails during all dives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Avoid decompression sickness by ascending at a rate of 1 foot per second?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you familiar with dangers in your dive zone? <i>Example: Creatures, caverns, surges, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you diving in an unfamiliar area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you normally accompanied by a guide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. After a dive, do you wait 24 hours before flying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you informed someone where you will be diving and what time you expect to return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- | | YES | NO | N/A | NOT
OBS |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 11. Have you considered the tides and currents in the area(s)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you checked the local weather forecast? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you have a specialty dive rating? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

30 JAN 2006

**HIGH RISK BRIEFING CHECKLIST
FOR
SKI JUMPING (SNOW)**

- | | YES | NO | N/A | OBS |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. What is your experience or training? | _____ | | | |
| 2. Do you own your equipment or are you renting or borrowing it? | _____ | | | |
| 3. How many grooves do your skis have? (3 minimum, 4 optimum) | _____ | | | |
| 4. Do you have a USSA approved helmet? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. What size jump are you going to ski?
<i>Example: 20 meter, 40, 60 or 90.</i> | _____ | | | |
| NOTE: 90 meter is Olympic caliber. | | | | |
| 6. Are you aware you will be traveling at approximately 60 mph through the air with nothing between you and terra firma but a couple of boards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. What type of inspection is performed on your equipment? | _____ | | | |

30 JAN 2006

**HIGH RISK BRIEFING CHECKLIST
FOR
SKYDIVING**

	YES	NO	N/A	NOT OBS
1. Do you understand the risks involved in the sport of skydiving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you receive your initial skydiving training at a USPA group member Skydiving Center? If not, where did you receive your training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If you continue in the sport of skydiving, do you plan to join the USPA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: Recommend you do for liability reasons to protect yourself and others.				
4. Do you know anyone in the sport already to give you advice? If not, it's recommended you contact a USPA group member skydiving center or local airport for advice, prior to making a jump. (USPA (703) 836-3495)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you lowered the risks of skydiving by:				
a. Receiving the proper training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ensuring equipment is in good condition? (reserve canopy is in date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Using common sense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Becoming familiar with your equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Each time you skydive, do you take into account your trip to, and from, the skydiving activities? <i>Example: Fatigue, road conditions, weather, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If your last jump was not very recent, do you plan to receive refresher training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Each time you skydive, are you sure the equipment your using is compatible and within your experience limitations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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				NOT
	YES	NO	N/A	OBS
9. Do you inspect your parachute prior to re-packing? <i>Example: Stitching, connectors, rips/tears, lines, canopy, reserve canopy pins.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you understand the reasons not to drink 12 hours prior to skydiving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you understand the use of "non-standard" equipment could possibly cause chute malfunction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you ensure your AAD is installed and functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**HIGH RISK BRIEFING CHECKLIST
FOR
SNORKELING**

	YES	NO	NOT N/A	OBS
1. How long have you been snorkeling?				
2. In what kind of waters are you experienced?				
3. Are you snorkeling with other swimmers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you familiar with dangers in the area you are snorkeling at? <i>Example: Creatures, caverns, surges, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you snorkeling in an unfamiliar area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you informed someone where you will be snorkeling and what time you expect to return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you considered the tides and currents in the area(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you checked the local weather forecast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have knowledge of lifesaving skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you understand why you should not use alcohol and prescription drugs prior to snorkeling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**HIGH RISK BRIEFING CHECKLIST
FOR
SNOWMOBILING**

	YES	NO	N/A	NOT OBS
1. What is your experience with snowmobiles?				
2. How far do you ride?				
a. Do you take food and water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you take tools, extra parts, oil and gas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you conduct regular inspections of the snowmobile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you wear a safety helmet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you dress for the extreme weather conditions and bring extra clothes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you know the symptoms of frostbite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you riding alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you familiar with the planned riding area? <i>Example: Barded wire fences, terrain, remoteness of site, etc.?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you ride on frozen lakes or rivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAUTION: Beware of cracks and open water.				
9. Do you know the dangers of riding under bridges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAUTION: Thin ice.				
10. Do you ride at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you let someone know where you will be snowmobiling and how long you will be gone each time you ride?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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12. Do you drink and drive?
"Don't Drink and Drive"

			NOT
YES	NO	N/A	OBS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**HIGH RISK BRIEFING CHECKLIST
FOR
SOARING**

	YES	NO	N/A	NOT OBS
1. Are you certified to fly sailplanes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your certification current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you flying with someone who is certified and current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: If the third question is yes, go to question 12.				
4. Are you current to fly a sailplanes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Example: Hours/sorties in previous 3 months.</i>				
5. If necessary, are you going to take a refresher flight with a CFI?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Where do you plan to go soaring?	_____			
7. Are you familiar with the local type of soaring conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you familiar with the local method of launching?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you plan on carrying passengers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If so, who are they?	_____			
11. Have they ever flown a sailplane before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you properly insured for flying activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you perform routine maintenance checks on the sailplane?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have current charts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- | | YES | NO | N/A | NOT
OBS |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 15. Have you considered weight, balance, density altitude and performance for this sailplane? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. What day are you planning to fly? | _____ | | | |
| 17. What time of day are you planning to fly? | _____ | | | |
| 18. Do you have an emergency number on file with the airport? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are you current in the type of sailplane you plan to fly and is it mechanically up-to-date? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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**HIGH RISK BRIEFING CHECKLIST
FOR
WHITE WATER RAFTING OR CANOE**

	YES	NO	N/A	NOT OBS
1. When rafting, do you ensure all individuals:				
a. Know how to swim?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have and plan to wear proper lifejackets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have and plan to wear proper head protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. What is the experience of the river guide or company you are rafting with?	_____			
3. What is your experience level in rafting?	_____			
4. How many times have you been rafting in the past?	_____			
5. What class of river have you rafted on? Example: Classes 1-5, 1=slow, 5=impassable.	_____			
6. Will there be an EMT or medically qualified individuals in the group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the river guide or company provide proper preventative training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the river guide or company licensed, insured and reputable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you, or anyone going rafting with you, have any medical problems limiting heavy physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If you are going on an extended rafting trip, have you arranged to check in with park authorities along the route?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>