



DEPARTMENT OF THE NAVY  
OFFICE OF THE CHIEF OF NAVAL OPERATIONS  
2000 NAVY PENTAGON  
WASHINGTON, DC 20350-2000

OPNAVINST 1500.75B  
N09F  
4 Mar 10

OPNAV INSTRUCTION 1500.75B

From: Chief of Naval Operations

Subj: POLICY AND PROCEDURES FOR CONDUCTING HIGH-RISK TRAINING

Ref: (a) OPNAVINST 3500.39B  
(b) OPNAVINST 5100.8G  
(c) OPNAVINST 5450.180D  
(d) OPNAVINST 5102.1D  
(e) OPNAVINST 5100.23G  
(f) OPNAVINST 5100.19E  
(g) NAVEDTRA 10500(CANTRAC)  
(h) OPNAVINST 6110.1H

Encl: (1) Definitions and Procedures  
(2) Command Screening Guide  
(3) Medical Officer's Interview Guide  
(4) Commanding Officer's Interview Guide  
(5) Risk Assessment and Management Matrix

1. Purpose. This instruction establishes policy and procedures to abate or minimize mishaps during high-risk training. Due to recent changes to the Navy's training organization, this instruction has been extensively revised and should be read in its entirety.

2. Cancellation. OPNAVINST 1500.75A.

3. Scope and Applicability

a. This instruction applies to all naval commands responsible for management, administration, oversight, and the conduct of high-risk formal, non-traditional, and unit level training as defined in enclosure (1).

b. In accordance with the responsibilities and authorities assigned by Executive Order 12344, codified at sections 2406 and 2511 of title 50, United States Code, and to ensure consistency throughout the joint Navy/Department of Energy naval propulsion program, the Director, Naval Nuclear Propulsion Program will

implement requirements and practices pertaining to this instruction for activities under the Director's cognizance, as appropriate.

c. Personnel in initial or advance flight training are subject to Office of the Chief of Naval Operations Instruction (OPNAVINST) 3710.7U, Naval Air Training and Operating Procedures Standardization (NATOPS), and OPNAVINST 3750.6R, Naval Aviation Safety Program, and are exempt from the provisions of this instruction. Ancillary air crew training must follow the provisions of this instruction.

d. Fleet operational and training commands will use the operational risk management (ORM) process for all training events or evolutions per reference (a). When the training event or evolution meets the threshold for designation as high-risk training, fleet commands will comply with this instruction as applicable and defined in subparagraphs 5e and 5f.

#### 4. Policy

a. Naval operations often require aggressive training programs to prepare personnel to perform mission essential high-risk tasks in a variety of environments. All leaders must recognize that risk cannot be mitigated merely through written procedures. Therefore, planning and execution of high-risk training shall incorporate the program elements and principles of ORM per reference (a). The expectation is to maximize the benefits of ORM where essential skills are practiced, perfected, and tested. While the goal is zero mishaps in training, this policy does not establish a requirement to eliminate all exposure to risk where valid training objectives are established.

b. Participation in high-risk training does not necessarily imply that hazardous duty or incentive pay is justified or that the training is voluntary.

c. All prospective high-risk instructors (military, civilian, or contractor) shall be screened for suitability per this instruction prior to assuming their duties, at a minimum.

d. The Chief of Naval Operations Special Assistant for Safety Matters (OPNAV (N09F)), as outlined in references (b) and

(c), is responsible for the high-risk training safety policy, safety surveys, and assist visits, and is designated as the technical authority for all high-risk training.

5. Responsibilities

a. OPNAV (N09F) shall issue policy guidance for the Navy's high-risk training safety program.

b. Commander, Naval Safety Center (COMNAVSAFECEN) shall:

(1) Provide management and administrative guidance in support of the Navy's high-risk training safety program as required.

(2) Analyze mishap data reported per reference (d) to determine program trends.

(3) Provide training activities with training-related mishap data when requested.

(4) Provide survey teams to assist or evaluate the safety posture of the training being conducted and compliance with this directive, as well as directives set forth by the cognizant chain of command in the area of high-risk training.

(5) Attend a variety of high-risk training safety reviews, evaluations, assessments, or inspections as an observer with the training agency's compliance representatives on an annual schedule mutually determined by the training agent and the Naval Safety Center.

(6) Attend training safety related reviews, seminars, summits, and conferences as attendee or presenter when requested.

(7) Host high-risk training safety policy reviews as warranted.

(8) Support United States Marine Corps (USMC) training and evaluation command with all evaluation and survey services provided for in USMC orders and directives per memorandums of agreement.

c. Training Agencies. Naval Education and Training Command (NETC), Bureau of Medicine and Surgery (BUMED), Naval War College, U.S. Naval Academy, Naval Reserve Force, Navy Post Graduate School, or those specialized commands which establish mission essential training objectives and perform the duties and responsibilities of training agencies by proxy as defined in enclosure (1) for high-risk training, such as Commander, Naval Special Warfare Command (COMNAVSPECWARCOM) and Commander, Navy Installations Command (CNIC), shall:

(1) Publish amplifying policy and procedural directives for training safety implementation during the following conditions and for related duty assignments, including, but not limited to: responsibilities for commands sending students to high-risk training, commands transferring personnel to high-risk training instructor duty, the commanding officer (CO) and officer in charge (OIC) of high-risk training activities, instructors, and training safety officers (TSOs).

(2) Perform risk assessments of training per reference (a). OPNAV 1500/54 Deliberate Risk Assessment shall be used to perform a basic risk assessment. Designate high-risk training courses under their cognizance and maintain a list of these courses by title and course identification number (CIN). Update this list when courses are developed, discontinued, or modified. Forward a copy of the high-risk course list to COMNAVSAFECEN at least annually:

Commander  
Naval Safety Center  
Attn: High-Risk Training Safety  
375 A Street  
Norfolk, VA 23511-4399

(3) Include applicable safety requirements of references (e) and (f), personnel qualification standards (PQS), technical manuals, NATOPS, job qualification requirements (JQRs) and other curricula source documentation in all high-risk courses conducted by subordinate commands.

(4) Standardize curricula, including safety precautions, when the same course of instruction is taught at more than one

site. If standardized training is not feasible because of training site variations, designate an approval authority for curricula waivers.

(5) Develop and implement safety oversight criteria that meet at least the minimum requirements of this instruction, and any further requirements, as the training environment may dictate to ensure subordinate activities comply. Include a self-assessment program, which quantitatively and qualitatively evaluates the effectiveness of the established oversight program.

(6) Establish additional qualification requirements for military, civilian, or contracted TSOs and assistant training safety officers (ATSOs) at subordinate training activities as applicable.

(7) Incorporate ORM and safety awareness training into instructor training. Training shall include all three levels of ORM per reference (a), safety policy and directives per references (e) and (f) as applicable, precautions in technical manuals and publications, and lessons learned from training related mishaps and injuries or best practices provided by COMNAVSAFECEN and other appropriate data sources.

(8) Analyze and forward all training-related recordable and reportable mishaps to COMNAVSAFECEN via the appropriate reporting system per reference (d).

(9) Ensure high-risk training safety reviews are conducted, as defined in enclosure (1), on a recurring basis at least triennially by COs and OICs of training activities. Convene safety reviews subsequent to a training mishap, near miss/hit, major curriculum changes, and major course revisions. Active senior leadership involvement is imperative to the success of these reviews and consideration of leadership's planned rotations or transfers is highly encouraged, as many mishaps occur relatively close to turnover periods.

(10) Put in place and adhere to curricula safety requirements.

(11) Conduct training following only approved course curricula and high-risk evolutions only where necessary to meet

graduation requirements of the course. Ensure all training includes specific and related ORM training per reference (a).

(12) Establish an instructor certification process for all high-risk instructors as directed by the training agent.

(13) Establish an evaluation program that assesses high-risk instructors in classroom and laboratory or field settings on a recurrent basis, in percentages commensurate with the amount of time spent instructing in those environments.

(14) Conduct quarterly procedural walk-through(s) and fully exercise and validate emergency action plans (EAPs) annually. Include all emergency response agencies, where practicable.

(15) Include "training time out" (TTO) procedures in all high-risk course curricula. Include "drop on request" (DOR) procedures in all voluntary high-risk curricula. Ensure students are thoroughly briefed on TTO and DOR policies prior to commencement of training.

(16) Designate a qualified safety officer as the high-risk TSO for safety oversight on all courses assessed as high-risk. For activities without a safety officer billet, a trained and qualified collateral duty safety officer or independent TSO may be designated in writing to perform those duties. The designated TSO will be directly responsible to the CO or OIC for the safe conduct of high-risk training. Where safety officer and TSO duties and responsibilities need to be separately established for organizational structure, ensure amplifying procedures and policies define their duties, roles, and responsibilities relative to mishap reporting and investigation of mishap events.

(17) Report and record all training related mishaps and injuries per reference (d).

(18) Establish a mishap analysis program to examine near miss/hit and mishap data as well as student critique feedback on unsafe conditions and practices identified in high-risk courses. Mishap analysis should be closely aligned with the training staff to enable "lessons learned" or "best practices" to be expeditiously incorporated into the conduct of high-risk training.

(19) Ensure students meet Navy fitness standards and any other medical screening or qualifications prescribed in reference (g) before beginning training. When high-risk training is to be conducted and formal requirements are not yet specified, the risk factor screening required for participation in the physical fitness (PT) assessment will be utilized as per reference (h). Ensure students who answer "yes" to a risk factor screening question receive medical evaluations and counseling before beginning training.

(20) Ensure high-risk course instructor candidates (military, officer and enlisted, civilian, and contractor) have completed all training requirements, including safety awareness, cardiopulmonary resuscitation, automated external defibrillator, and first aid training, as applicable, before assuming instructor responsibilities.

(21) Ensure members (military, officer and enlisted, civilian, and contractor) nominated as high-risk instructors meet suitability requirements outlined in enclosures (2) through (4). Ensure civilian hiring contracts include screening requirements as applicable.

(22) Institute a preventive maintenance program applicable to all training equipment utilized in the conduct of high-risk training and ensure the program is evaluated during reviews, evaluations, or inspections.

(23) Publish amplifying procedural directives for cold and heat stress environmental mitigation relative to high-risk training events. NAVMED P5010, Manual of Naval Preventive Medicine, provides technical guidance for command policy documents.

(24) Publish amplifying procedural directives for employment of contractors' scope of duties, to include periodic review of qualifications and skills and their interface with students in high-risk training events.

(25) Publish amplifying procedural directives for training safety relative to fire fighting training and facilities. Ensure students are medically screened for fire fighting training events.

(26) Publish amplifying procedural directives for training safety relative to pool and waterborne high-risk events. Ensure physical screening and basic swimming qualifications are established before a student participates in training.

(27) Publish amplifying procedural directives for screening medical, service, and training records reviews.

(28) Publish amplifying procedural directives for PT programs. PT is fundamental to many high-risk training skills and tasks. A specific physical enhancement curriculum designed to improve PT in order to meet a required skill or set of skills should be reviewed for elements of risk based on the participant's fitness baseline. Most training prerequisites only require a student to have passed the Navy's physical readiness test for participation. Therefore, ensure COs and OICs assess the physical demands of the task or skill in the high-risk event and weigh them against the physical conditioning of the staff and student to conduct a proper risk assessment for the course event. Any PT program, which is germane to the command PT program standards and practiced per reference (h), may not necessarily be categorized as a high-risk activity. However, any physical enhancement program designed to improve the conditioning of personnel poses some risk and should be properly assessed with regard to the physical screening of the participants.

NOTE:

Requirements for contractor instructors shall address contractor responsibility for its employees' safety, for example, requiring contractor:

- (1) Compliance with directives applicable to military personnel and civilian employees instructing similar training,
- (2) Provision of personal protective equipment (PPE) and medical support/surveillance to its employees,
- (3) A safety plan for its employees, and
- (4) Pre-screening of individuals proposed by the contractor for instructor duties.

d. BUMED shall:

(1) Conduct medical officer screening as requested by the gaining command CO or OIC and forward a report of medical screening completion to the requesting command.

(2) Periodically review OPNAV 1500/53 Medical Questionnaire for relevancy and forward any amendment recommendations to COMNAVSAFECEN or forward an endorsement triennially.

e. Fleet Training Authorities. Commander, United States Fleet Forces Command (COMUSFLTFORCOM); Commander, Pacific Fleet (COMPACFLT); numbered fleet commanders (Commanders, Second, Third, Fourth, Fifth, Sixth, and Seventh Fleets); and type commanders (TYCOMS) (Commanders, Naval Air/Surface/Submarine (Forces) Atlantic/Pacific, Naval Network Warfare Command, Naval Meteorology and Oceanography Command, Navy Expeditionary Combat Command, and Military Sealift Command (MSC)) are designated fleet training authorities and shall:

(1) Address high-risk training in their respective training instructions or manuals.

(2) Direct subordinate fleet training executors to assess their training courses, events, or evolutions and determine if the training is high-risk as defined in enclosure (1) and the risk assessment and management matrix, enclosure (5).

(3) Conduct reviews of high-risk training programs annually, when new courses are brought online that are evaluated as "high-risk," or when significant changes are made to existing high-risk courses for fleet training authorities having fleet training executors as direct reporting subordinates.

f. Fleet Training Executors (e.g., Commander, Strike Force Training (COMSTRKFORTRA); afloat training groups (ATGs); tactical training groups (TTGs); expeditionary warfare training groups (EWTGs); explosive ordnance disposal (EOD) training evaluation units (TEUs); and seabee readiness groups (SRGs)) shall:

(1) Conduct annual assessment of their fleet training efforts and determine, utilizing the risk assessment and management matrix (enclosure (5)), if any of their training is high-risk.

(2) If training efforts are determined to be high-risk, establish a local high-risk program for that specific course, event, or evolution per subparagraphs 5c(2), 5c(6) through 5c(9), 5c(11), and 5c(14) through 5c(20) and, where applicable, subparagraphs 5c(23) through 5c(28) of this instruction. Also establish an instructor certification process for all high-risk instructors.

g. CO and OIC shall:

(1) Ensure prospective students and candidates meet PT and other prerequisites as prescribed in references (g) and (h) for high-risk training courses.

(2) Ensure only volunteers are sent to high-risk training courses designated as voluntary training per reference (g).

(3) Ensure military officer and enlisted, civilians and contractors nominated for high-risk training instructor duty are screened and meet suitability requirements per the Military Personnel Manual, articles 1301-202, 1301-226, 1306-953, 1306-900, and 1531-101 series, and enclosure (4), as applicable. Ensure special programs screening is documented and appropriate messages are generated. Ensure civilian hiring contracts include screening requirements as applicable.

h. TSO shall:

(1) Be familiar with high-risk training curricula objectives, including approved training procedures, safety precautions, emergency procedures, and training facilities and equipment.

(2) Complete a qualification process that includes familiarization with all applicable references, instructions, and subject matter doctrine.

(3) Observe high-risk training evolutions at frequency intervals as required by the hazards associated with the training being conducted. Specifically observe instructor to student interaction and compliance with all safety and emergency procedures. Confer with the CO or OIC to establish the minimum frequency intervals required to ensure a safe high-risk training program.

(4) Ensure all training mishaps, near misses/hits, and injuries are investigated per reference (e).

(5) Maintain a record of all mishaps for additional analysis from the TSO point of view in addition to records maintained by the command safety manager.

(6) In conjunction with the command safety manager, keep the CO or OIC advised of all training mishap/injury investigation results and recommended corrective action.

(7) Ensure ATSOs are properly trained and completely familiar with their responsibilities for training safety.

(8) Review contracts to ensure contractor is required to comply with all directives for high-risk training that would be applicable to military personnel or civilian employees conducting the training.

6. Action. Addressees are directed to implement the actions required by this instruction.

7. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per Secretary of the Navy (SECNAV) Manual (M-)5210.1 of November 2007.

8. Reports Control and Forms

a. Reporting requirements contained within this instruction are exempt from reports control per SECNAV M-5214.1.

b. The following forms are available on Naval Forms On-line, <http://navalforms.daps.dla.mil>.

(1) OPNAV 1500/53 (Oct 2009) Medical Questionnaire.

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(2) OPNAV 1500/54 (Oct 2009) Deliberate Risk Assessment.

(3) SF 513 (REV. 4-98) Medical Record - Consultation  
Sheet.



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Distribution:

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## DEFINITIONS AND PROCEDURES

1. **Abate**. To eliminate or reduce permanently any unsafe or unhealthy training condition.
2. **Administrative Control**. Any procedure or practice which limits exposure through control or manipulation of the training schedule or manner in which training is performed. An example of an administrative control is limiting exposure to heat stress by adjusting training hours to conclude prior to a Black Flag condition.
3. **Assistant Training Safety Officer (ATSO)**. Commanders, COs, or OICs of training activities conducting high-risk courses must designate an individual as the ATSO when the TSO's responsibilities require an assistant due to physical locations, type, or quantities of training conducted at specific sites. The ATSO will be qualified by course at site specific TSO JQR and act as the TSO in the absence of the TSO. (See also: Training Safety Officer (TSO))
4. **Assist Visit**. A command requested review process to determine compliance with regulations, directives, instructions and standards through physical visits of training sites, operations, and facilities. Assist visit reports are made directly to the CO or OIC of a training activity. The purpose is to aid the requesting command in enhancing training safety.
5. **At-risk**. Being endangered, as from exposure to illness, injury, or loss from a lack of guidance and/or proper application of risk management. (A person who is fatigued and still attempting to perform his or her job is at-risk, and the crew, teammate, unit, etc. are also at-risk.)
6. **Certification**. The process of determining compliance with regulations, standards, or laws through physical surveys of personnel, training sites and records, operations, and facilities. Results of certifications are usually issued by a government agency or authorized by higher authority to bestow the certification. Certification may be a designation extended by the immediate superior in the chain of command (ISIC) (i.e., certification of personnel or a facility for training, as required). (See also: Validation; Inspection)

7. **Control**. Any action taken or an inherent design to eliminate hazards or reduce (mitigate) risk. The following items are considered in mitigation control and normally assigned to a group of controls which share a common function, such as engineering, substitution, or administrative:

a. Avoiding, eliminating, or reducing deficiencies by engineering, material selection, or substitution.

b. Isolating hazardous substances, components, and operations from other areas, personnel, and incompatible materials.

c. Incorporating fail-safe principles to prevent a catastrophic injury to personnel, damage to equipment, or inadvertent operation of critical equipment.

d. Relocating equipment/components so that personnel access during operation, maintenance, repair or adjustment does not result in exposure to hazards such as chemical burns, electrical shock, electromagnetic radiation, cutting edges, sharp points, or toxic atmospheres.

e. Providing suitable warning and notes of caution concerning required personnel protection during operations, assembly, maintenance and repair instructions.

f. Providing distinctive markings on hazardous components, equipment, or facilities.

g. Requiring use of PPE when other controls do not reduce the hazard to an acceptable level.

h. Monitoring exposure to ensure that engineering controls effectively reduce the hazard.

i. Training employees to recognize hazards and take precautionary measures.

j. Employing self-assessments and improvement plans annually.

8. **Damage**. The partial or total loss of equipment or materiel caused by component failure or any exposure of equipment or materiel to heat, fire, or other environments; human errors; or other inadvertent events or conditions.

9. **Drop on Request (DOR)**. When any student in a voluntary, as identified in reference (g), high-risk training course desires to quit or "DOR," the student need only make such intentions known. The student will be immediately and expeditiously removed from the training area. A written summary of action taken is entered in the student's service record and a copy is maintained in the command's permanent records.

10. **Emergency Action Plan (EAP)**

a. An internal plan to be implemented immediately upon advent of a mishap to aid involved persons and to control and/or safeguard the scene. This plan will be developed for all high-risk training evolutions and must include at a minimum: primary and alternate communications, telephone numbers, radio channels, call signs, locations of emergency response personnel, locations of emergency equipment, equipment shutdown procedures, muster site and methods to maintain control of the scene, non-affected personnel, and all immediate emergency procedures. The EAP should be a simple checklist or sequential list of responses of expected and immediate actions by personnel in control of the event to aid and extract mishap victims from the scene.

**Note:** The CO or OIC must ensure the EAP complies with locally established emergency procedures as directed by the regional and local emergency response manager. The external response from emergency personnel may already be covered in a regional scenario and failure to include or practice with the emergency response personnel may result in increasing the severity of a mishap at your command.

b. The EAP may be combined with the pre-mishap plan. Incorporating pre-mishap plan actions at the immediate response level will complicate the control at the scene. The priorities for the EAP are to aid and extract victims from the scene while the pre-mishap plan would preserve the scene and ensure proper reporting after the event.

11. **Engineering Control**. Any physical change to platforms, stations, equipment, materials, or facilities or any other relative aspect of the physical environment that when changed reduces or prevents site risk.
12. **Evaluation**. The process of ascertaining or judging the value or adequacy of an action or an outcome by careful appraisal of previously specified data in light of the particular situation and the goals or objectives previously established. (See also: Inspection)
13. **Evaluator**. An individual who has obtained the required training and experience, as evaluated by the cognizant authority, to make an independent judgment or assessment of situational conditions in order to validate the worth or value against a set of standards, instructions, directives, etc.
14. **First Aid**. Any initial, one-time treatment and any follow-up visit for observation of minor scratches, cuts, burns, splinters, minor reactions or irritants from the training environment, etc., that does not ordinarily require medical care. Such one-time treatment and follow-up visit for observation is considered first aid, even though provided by a physician or medical professional.
15. **Fleet Training Authorities**. Echelon 2 and 3 level headquarters exercising command of and providing policy, direction, or resources to some portion of the Navy's Fleet Response Training Plan or Seventh Fleet Training Plan. These headquarters include: COMUSFLTFORCOM; COMPACFLT; numbered fleet commanders (Commanders, Second, Third, Fourth, Fifth, Sixth, and Seventh Fleets); and TYCOMS (Commanders, Naval Air/Surface/Submarine (Forces) Atlantic/Pacific, Naval Network Warfare Command, Naval Meteorology and Oceanography Command, Navy Expeditionary Combat Command, and MSC).
16. **Fleet Training Executors**. Commands responsible for the execution and sustainment of fleet training. They include training commands, school houses, and intermediate superior in commands (e.g., COMSTRKFORTRAS, ATGs, TTGs, EWTGs, EOD TEUs, and SRGs).

17. **Formal Training**. Training conducted in a classroom, laboratory, or field exercise for which a CIN is assigned.
18. **Hazard**. Any real or potentially unsafe act or condition, such as a flaw in established work procedures; training deficiency; or the design, manufacture, or use of a piece of equipment, which may cause death, injury, illness, or result in damage to or loss of equipment or property, mission degradation, or damage to the environment. Units are strongly encouraged to investigate and submit a hazard report on significant hazardous conditions or near-mishaps that have the potential to affect other commands.
19. **Hazard Severity**. An assessment of the expected consequence, defined by degree of injury, occupational illness, or damage that could occur from exposure to a hazard. (See also: Risk Assessment and Mishap Probability)
20. **High-Risk** (See also: High-Risk Training)
- a. A term to describe a known or unknown condition or state where an elevated probability of loss or an increased level of severity is likely or imminent.
  - b. A term used to describe situations that require special attention and/or intervention to prevent a declining situation.
  - c. May imply a dangerous situation.
21. **High-Risk Training**. All basic or advanced, individual or collective training in a traditional or non-traditional environment which exposes the crew, staff, students and/or assets to the potential risks of death, permanent disability, or loss during training. For the purpose of this instruction, an assignment of any risk assessment code (RAC) of 1 or 2, as well as an assignment of RAC 3 in Severity Level I (death or loss of asset) or Severity Level II (severe injury, damage), although the "Probability" of an injury or loss is "Unlikely (D)" or "May occur-in-time (C)," must be considered high-risk training. A RAC 3 in Severity Level III (minor injury, damage) or Severity Level IV (minimal threat) should receive a cognizant authority review to confirm the assessment and reduce any ambiguity about the subjectivity of the assessment (i.e., an event scored as a C, II is a RAC 3 and is a high-risk event, while an event scored

as B, III is also a RAC 3, not high-risk by definition, but should be closely reviewed by cognizant authority due to the frequency of minor injuries or minimal threats to ensure that the proper "Severity Level" assigned is not really an A, III - RAC 2 due to the interpretation of "Likely" versus "Probable" by the assessor during the risk assessment). Some examples of where high-risk training may be found are: survival, parachute, fire-fighting, damage control, jungle, desert, small arms, law enforcement and physical security, disaster preparedness, blaster, diver, EOD, basic underwater demolition, sea-air-land, aircrew, survival escape and resistance, aviation water survival, and rescue swimmer schools, etc.

22. **High-Risk Training Safety Review**. A safety review is a comprehensive review of high-risk training conducted by training, safety, and, as appropriate, medical personnel to ensure courses are being taught with minimum risk to instructors and students. Safety reviews include near miss and mishap data, curriculum instructional techniques, and safety requirements incorporated into course curricula. Additionally, training records, student critiques, and instructor qualifications and evaluations are to be examined. Training agents may use inspections, evaluations, or assessments to accomplish a training safety review.

23. **Host Service**. The service on whose installation the training is conducted.

24. **Imminent Danger**. Conditions or practices in any site or area, classroom, or laboratory that pose a danger that reasonably could be expected to cause death or permanent or partial disability, significant mission degradation, system or asset loss, or major property and/or environmental damages expected in a relatively short period of time and before such dangers could be eliminated through normal procedures.

25. **Injury** (See also: First Aid)

a. A wound or other condition of the body caused by external force or deprivation (exposure, cold, dehydration, stress, or strain, etc.) to include the conditions leading to suffocation and drowning. The injury is identifiable as to time and place of occurrence and member or function of the body affected, and is caused by a specific event or incident or series of events or incidents.

b. Traumatic bodily harm, such as a cut, fracture, burn, or poisoning, caused by a single exposure to an external force, toxic substance, or physical agent.

26. **Inspection** (See also: Evaluation)

a. The process of determining compliance with regulations, directives, instructions, and standards by qualified persons through surveys of training sites, operations, and facilities.

b. Careful and critical workplace monitoring for safety hazards and deficiencies. Results of inspections are usually reportable to the ISIC.

**Note:** Remote monitoring of command records or reviewing reports by headquarters or ISIC is considered a management evaluation function vice an inspection in the context of this instruction.

27. **Job Hazard Analysis (JHA)**. A technique that focuses on job tasks as a way to identify hazards before they occur. A JHA usually focuses on the changeable risk factors - force, compression, vibration, repetition, duration, or posture - relationships between the worker, the task, the tools, and the work environment. Ideally, after identifying uncontrolled hazards, steps will be taken to eliminate or reduce them to an acceptable risk level. (See also: Risk Assessment)

28. **Job Qualification Requirements (JQR)**. Locally prepared JQRs are modeled after PQS. Developed specifically for those instances where qualified personnel operators are required and no PQS exists. The unit's subject matter experts usually develop the JQR.

29. **Major Change**. A change to the curriculum, platform, physical location, or equipment that adds additional operational hazards, or new hazardous items. A change to or revision of supplemental documents or programs could be classified as a major change, if the change or revision modifies the operational procedures to the point that safety is affected, or the change or revision introduces new hazards.

30. **Minor Change**. A change to curriculum that does not provide additional hazards, additions of new hazardous items, or changes in methods, platforms, equipment, locations, etc. used to eliminate or mitigate hazards. (Examples: name, code, telephone numbers, spelling or grammar corrections, and reference document locations)

31. **Mishap**. Any unplanned or unexpected event, or series of events, causing death, injury, occupational illness, or damage, including days away from work, job transfer, or restriction, and/or causing materiel or assets to be lost or damaged, where if some or all causal factors that might have been corrected were corrected, the event or series of events would have been unlikely to occur. (See also: Training Mishap)

32. **Mishap Probability**. An assessment of the likelihood that, given exposure to a hazard, which is expected to be controlled by risk mitigation, e.g., engineering or administrative controls, use of PPE, a mishap will likely result. (See also: Probability and Mishap)

33. **Near-Hit or Near-Miss**. Interchangeable word sets to identify a chance mishap event avoidance. An act or event that may have resulted in a mishap, where the death, injury, illness or loss of asset was avoided merely by chance. Near misses constitute the greatest number of incidents Navy-wide. When the event is recognized as a near-miss it may be debriefed as a near-hit to emphasize the severity of the event. Analyzing the near-miss patterns will likely lead to areas where improved risk mitigation controls are needed. Under-reporting is prevalent throughout the Navy. Therefore, everyone must be encouraged to report near-misses or near-hits, and commands must investigate and analyze the circumstances surrounding the near-incident to determine if additional mitigation is necessary.

34. **Non-traditional Training**. Formal training that is conducted by private sector personnel at contractor owned and operated facilities. The CO or OIC of the unit receiving training must evaluate the liability for personnel safety in these facilities.

35. **Operational Risk Management (ORM)**. The Navy's primary process to assess the potential for mission failure, inadequate force protection, and practices of personal risk. ORM is a

decision-making tool used by all personnel to increase effectiveness by identifying hazards and reducing the risk associated with each hazard, which in turn greatly increases the probability of mission success. ORM is exceptionally suitable for reducing the inherent risk in high-risk training. The three levels - In-Depth, Deliberate and Time-Critical - are used throughout training development to mission execution.

36. **ORM Principles**

- a. Accept risk when benefits outweigh the cost;
- b. Accept no unnecessary risks;
- c. Anticipate and manage risk by planning; and
- d. Make risk decisions at the right level.

37. **Parent Service or Command**. The service or command to which personnel are permanently assigned.

38. **Personnel Protective Equipment (PPE)**. Protective clothing and other devices worn to protect an individual while in potentially hazardous areas or performing potentially hazardous operations. PPE is designed to protect from injuries or illnesses resulting from contact with chemical, radiological, physical, electrical, mechanical, or other hazards. Examples of PPE include gloves, hard hats, steel toed boots, safety glasses, hearing protection, respirators, electrical matting, barricades, traffic cones, lights, safety lines, and life jackets, etc. PPE does nothing to reduce or eliminate the hazard itself, offering only personal protection, and may not be relied upon to mitigate risk, when other mitigation controls have failed or are found inadequate.

39. **Pre-mishap Plan**. A command's internal plan of action to respond to a mishap event. It identifies key personnel actions and responsibilities to preserve the evidence and the scene for investigation and to identify reporting requirements. The pre-mishap plan may be incorporated into the EAP, but commands must ensure the EAP's immediate actions are clear and the command's mishap investigation plan does not complicate the immediate actions.

40. **Qualified Safety Officer**. A graduate of any formal specific force safety officer course, or an equivalent compilation of safety courses, and PQS/JQR, which meets the level of experience and competence as judged by the designating authority, such as when assigning a qualified safety officer as a TSO.

41. **Residual Risk**. Risk remaining after mitigation controls have been identified, selected, and put into place to reduce, transfer, or adjudicate the associated risk. (See also: Risk Transfer)

42. **Review**. The process of technical consideration and assessment of the course content, or supporting documents, and programs by appropriately experienced and trained personnel.

43. **Risk**

a. The possibility of suffering harm or loss as expressed in terms of hazard probability and severity; danger.

b. A factor, thing, element, or course involving uncertain danger or hazard.

c. The danger or probability of loss.

d. Chance of adverse outcome or bad consequence; such as injury, illness, or loss.

e. A measure of the possibility that the future may be surprisingly different from what we expect.

f. A composite of the nature of the hazard, degree of exposure to the hazard, time-duration of exposure to the hazard, degree of control exercised over the hazard; hazard whose potential for producing harm has been evaluated:

(1) Low Safety Risk - infrequent exposure to hazards that are likely to cause fatalities or serious injury, such as those found in offices.

(2) Normal Safety Risk - infrequent exposure to hazards that are likely to cause fatalities or permanent serious injuries, but which have frequent exposure to hazards that are unlikely to cause fatalities or serious injuries, but are of a

nature that is commonly recognized such as those found in light materials handling or warehousing, light industrial or assembly operations not involving power machinery and light construction not involving power machinery.

(3) High Safety Risk - frequent or regular exposure to hazards that are likely to cause fatalities or permanent serious injuries such as those found in manufacturing facilities, ordnance operations, shipyards, construction, electrical/electronics maintenance, elevated working environments, under water environments (diving and salvage), major warehousing and/or materials handling and weight lifting, stevedoring or dock work, and hazardous materials transportation, etc.

44. **Risk Assessment**. A structured process to identify and assess hazards. An expression of potential harm, described in terms of severity, or mishap probability, and exposure to hazard. (See also: Hazard Severity or Mishap Probability, Risk Assessment Code, Job Hazard Analysis)

45. **Risk Assessment Code (RAC)**. An expression of the risk associated with a hazard that combines the hazard severity or mishap probability into a single Arabic numeral value or a value otherwise defined by policy, instruction, or regulation. A common risk assessment matrix is identified in enclosure (5).

46. **Risk Decision**. The decision to accept or not accept the risk(s) associated with an action. The decision is made by the commander, supervisor, or individual performing the action within the constraints of authority and law (i.e., standard operating procedures (SOPs) or other directives) to comply with ORM principles.

47. **Risk Management**. The Department of the Navy's principle structured risk reduction process to assist leaders in identifying and controlling hazards and making informed decisions. Risk management is a looped process that involves identifying hazards; assessing hazards to personnel, equipment, and mission; developing controls; making risk decisions to eliminate all unnecessary risks; implementing controls; and supervising and evaluating the appropriateness of established controls and making adjustments where necessary. Risk management prepares personnel to make decisions during the mission and

includes assessing the situation, balancing their available resources, communicating their intentions, executing the mission, and debriefing the events. Preparing personnel for the possibility that future events may include continually changing events requires appropriate risk management training.

48. **Risk Management Integration**. The processes by which individuals and organizations embed risk management processes and principles into all that they do.

49. **Risk Transfer**. The act of transferring risk to individuals, activities, or organizations by use of select mitigation mediums and controls. The product of risk transfer is residual risk. (See also: Residual Risk)

50. **Risky**. Behaviors, practices, or actions involving risk or danger; hazardous.

51. **Safety Awareness Training**. Relevant safety program, system, or specific hazard training sufficient to enable assigned personnel to actively and effectively support programs in their specific areas of responsibility.

52. **Safety Review**. A comprehensive review of high-risk training conducted by training, safety, and, as appropriate, medical personnel to ensure courses are being taught with minimum risk to students and instructors. Safety reviews include training near-miss and mishap data, curriculum and instructional techniques, and safety requirements incorporated into course curricula. Additionally, training records, student critiques, and instructor qualifications and evaluations are examined. Safety reviews are conducted at least annually by COs and OICs of training activities and may be combined with other safety and training programs as long as all criteria are met.

53. **Self-Assessment**. Performing an internal review of processes and practices that are normally assessed by an external organization.

54. **Site Survey**. The process of determining programmatic compliance with regulations, directives, instructions, and standards through physical surveys of training sites, operations, and facilities.

55. **Staff**. Military, civilian and contractor personnel serving in the role of management, administration, or oversight of high-risk training. Staff members include command leadership, facilitators, trainers, training officers, command safety officers, instructors, TSOs, etc.

56. **Standard Operating Procedure (SOP)**

a. The required document providing detailed, step-by-step instructions for conducting a procedure (in this case safe training), which ensures compliance and/or includes safety precautions from, but not limited to the following:

- (1) Technical manual requirements.
- (2) Military and preventive medicine manuals.
- (3) Aviation training and operation procedures.
- (4) PQS.
- (5) JQR.
- (6) Federal, state, local environmental protection standards.
- (7) Security or physical security.

b. The SOP is an example of an in-depth risk mitigation process to produce an administrative control and a resource to be called upon during execution of training.

57. **Student**. Any person enrolled in or required by cognizant authority to participate in training. Students include crews, crew members, teams, team members, units, unit members, boarding teams, and individuals, etc.

58. **Time-Critical Risk Management**. One of the three levels of ORM. A risk mitigation tool used during execution of a mission.

59. **Traditional Training**. Formal training conducted by naval personnel or contractors at a Navy owned and operated facility.

60. **Training Agency**. An office, bureau, command, or headquarters exercising command of or providing support or oversight of a Navy or fleet training activity (i.e., NETC, BUMED, Naval War College, U.S. Naval Academy, Naval Reserve Force, Navy Post Graduate School, or those specialized commands which establish mission essential training objectives and perform the duties and responsibilities of training agencies by proxy as defined in enclosure (1) for high-risk training, such as; COMNAVSPECWARCOM and CNIC) for the purpose of providing training policy and/or guidance.

61. **Training Mishap**. Any mishap that occurs to instructors, students, or assets while conducting formal, traditional, non-traditional, or unit level training as a result of the curriculum or the environment (including training devices, materiel, or equipment, etc.) as identified in reference (b).

62. **Training Safety Officer (TSO)**. Commanders, COs, or OICs of training activities conducting high-risk courses must designate a qualified safety officer as the command's TSO. TSOs will be further qualified by course and site specific JQR. TSOs are those individuals who oversee training and are not providing or otherwise involved with the actual training event as an instructor. TSOs are concerned with every aspect of providing safe training, evaluation, and monitoring, and in performing safety reviews, investigations, and proper mishap reporting. (See also: Assistant Training Safety Officer (ATSO))

63. **Training Time Out (TTO)**. In any situation when students or instructors express concern for personal safety or a need to clarify procedures or requirements, they shall call a "TTO." Training will immediately cease until the situation or condition is returned to a safe state. Then and only then will training resume.

64. **Unit Level Training**

a. Command-sponsored training designed to meet formal training shortfalls in specific and unique areas where a valid requirement to train and develop proficiency exists.

b. Training performed by a unit to maintain the operational capabilities required to accomplish the command mission. Any training meeting the definition of high-risk must be reported to the cognizant unit commander, CO, or OIC.

**Note:** Unit level high-risk training has the potential to be more dangerous than any formal training primarily due to the demand for oversight and frequency of the training. The cognizant commander, CO, or OIC must be made aware of the preparation to provide any unit level training that meets the definition or risk assessment equivalent to designated high-risk training. These leaders bear the responsibility to mitigate the risk for instructor, student, and asset. All are essential to mission success, and, therefore, a deliberate risk assessment must be completed and reviewed for each high-risk training evolution. Unit level training following approved curriculum, where a CIN is assigned must follow the Navy's schools management manuals for administration and control.

c. At a minimum, high-risk unit level training must follow the policy and procedures contained within this instruction for the following areas:

- (1) EAPs.
- (2) TTO procedures.
- (3) Risk management.

65. **Validation**. A demonstration that the curriculum or SOP is effective and will result in a safe, effective, and efficient operation. (See also: Inspection; Evaluation)

66. **Voluntary Training**. Formal high-risk training that is designated as "voluntary" per the resource sponsor and curriculum control authority, and, therefore, identified by a special course indicator code of "A" or "D" in the corporate enterprise training activity resource system, as per reference (g), as voluntary.

## COMMAND SCREENING GUIDE

1. Objective. Training activity COs are ultimately responsible for ensuring high-risk instructor candidates are screened for professional, physical, and psychological suitability. This guide will assist COs in conducting screenings appropriate to the training environment and risk/stress level. While the instructor screening process must begin at the detaching activity, it is the responsibility of the gaining activity to inform the detaching activity that the candidate will teach high-risk curricula and the level of screening required. The outline below describes the screening process and identifies the majority of physical and psychological factors that could disqualify someone for high-risk instructor duty.

### 2. Screening and Interview Sequence

a. Upon identifying a candidate for high-risk instructor duty, the gaining activity shall contact the detaching activity and provide appropriately tailored screening requirements and forms for recording screening milestones. The candidate must be fully screened periodically to the standards outlined below. Training activity COs may wish to repeat portions of the screening, but all training activities shall interview incoming instructor candidates. Subparagraphs 2b(3)(a) through 2b(3)(c) below provide some helpful guidelines in determining suitability.

b. All high-risk instructor candidates shall have the following procedures completed:

(1) Service Record Screen. Any adverse administrative entries, below average performance evaluations, non-judicial punishment, etc., shall be brought to the COs attention prior to the interview. The training activity CO may delegate record screening authority to a subordinate within the command. Instructions for online service record accounts can be found at <http://www.npc.navy.mil/CareerInfo/RecordsManagement> or <https://nsips.nmci.navy.mil>, and additional assistance may be obtained at the Navy Standard Integrated Personnel System Help Desk - 1-877-589-5991 or e-mail [NSIPSHELPDESK@NAVY.MIL](mailto:NSIPSHELPDESK@NAVY.MIL)

(2) Physical Requirements. The candidate must meet general duty criteria, physical readiness requirements in

reference (h), and any special duty qualifications required by chapter 15 of the Manual of Medical Department (MANMED), such as diver, flight, or firefighter requirements.

(3) Medical Officer Interview, Record Review, and Questionnaire

(a) Candidates shall complete OPNAV 1500/53. This questionnaire shall be forwarded as an enclosure to the request for medical screening and interview (refer to the sample provided on page 5 of this enclosure).

(b) Competent medical authority (i.e., medical officer, physician assistant, nurse practitioner (family practice), or independent duty corpsman) shall conduct the medical record screening.

(c) For high-risk instructor candidates, an interview shall be conducted in conjunction with the medical record review. Areas of concern and suggested questions are provided in enclosure (3). Training activities shall provide these questions as an enclosure to the request for medical screening and interview for high-risk instructor candidates only.

(d) The medical activity completing the screening shall forward the results to the requesting CO or OIC utilizing the sample results of medical screening provided on page 4 of enclosure (3).

(4) CO's Interview. The CO's interview is required for high-risk instructor candidates. The interview shall be conducted following the service and medical record screening, and medical officer interview. The CO's interview must assess how specific factors have affected and will likely affect a candidate's performance in a high-risk training environment. This interview is the final factor in determining suitability for high-risk instructor duty. The areas of concern, with suggested questions, are provided in enclosure (4). The training activity CO may delegate interviewing authority to a subordinate within the command.

### 3. Determination of Suitability

a. The following criteria outline serious risk issues that provide cause for disqualification for high-risk or instructor duty:

(1) Chronic medical condition, which hampers the candidate's ability to perform training duties.

(2) In-service hospitalization for a major mental disorder such as a psychotic disorder, bipolar disorder, major depression, or suicide ideation or behavior.

(3) In-service diagnosis of personality or impulse control disorder.

(4) Any confirmed incident of child or spousal abuse (by member).

b. The following criteria outline risk issues that must be closely investigated, would likely require specialty referral for expert evaluation, and may be cause for disqualification from consideration as a high-risk instructor:

(1) Disciplinary problems/adverse service record entries.

(2) Poor work performance trends.

(3) Incident resulting in referral to family advocacy.

(4) Medically noted traits of a personality disorder not sufficient to support diagnosis of personality disorder.

(5) Treatment for a substance use disorder within the last 2 years (still in the aftercare period).

(6) In-service outpatient treatment for evaluation or therapy for suicide ideation, threats to harm others, or other mental health problems.

c. Candidates must meet any specific guidelines in the MANMED, chapter 15, for general duty criteria, and any special duty qualifications.

d. Based on screening results, the detaching CO shall recommend, via service record page 13 entry, by official Navy message to Bureau of Personnel (BUPERS) and the gaining command, whether or not the candidate should be assigned to high-risk instructor duty.

e. If the gaining activity declines the candidate based on the detaching activity's negative recommendation for high-risk instructor duty, the detaching activity shall request BUPERS reassign the candidate to other than high-risk instructor duty.

f. If the gaining activity accepts the candidate, they shall interview the candidate and review the results of the screening.

g. A service record entry (page 13) shall be made indicating the candidate's suitability/unsuitability for high-risk instructor duty. This entry shall be signed by the training activity CO or designated representative. The service record entry shall not identify reasons for unsuitability.

**REQUEST FOR MEDICAL SCREENING**

\_\_\_\_\_  
(Date)

From: Commanding Officer, \_\_\_\_\_  
To: OIC, \_\_\_\_\_ Branch Medical Clinic

Subj: REQUEST FOR MEDICAL SCREENING FOR HIGH-RISK INSTRUCTOR  
DUTY ICO \_\_\_\_\_

Ref: (a) OPNAVINST 1500.75B

Encl: (1) OPNAV 1500/53 (Oct 2009) Medical Questionnaire  
(2) Medical Officer's Interview Guide  
(3) Results of Medical Screening

1. Request you conduct the following medical evaluation to assist us with screening subject named member for possible duty as a high-risk instructor per reference (a):

a. For High-risk Instructor Candidates Only. Complete enclosure (1) and submit to medical officer for review.

b. Screen medical record of subject candidate in his or her presence. Screening must be conducted either by the medical officer, physician assistant, nurse practitioner (family practice), or independent duty corpsman.

c. Enclosure (2) is provided to assist you in conducting the medical record screening and interview. Enclosure (3) is provided to assist in reporting a determination as to whether any disqualifying factors are present.

2. The reviewer may request a specialist referral if the review reveals a need for it. The results of the medical screening must be forwarded to the requester and recorded in the candidate's medical record.

3. My point of contact is \_\_\_\_\_.  
(Name) (Phone)

\_\_\_\_\_  
(Signature)

### **MEDICAL OFFICER'S INTERVIEW GUIDE**

The following are suggested topics for the medical interview. For any issues that are not resolved to your satisfaction during the interview, refer for specialty consult or evaluation. Look for signs of stress or annoyance in the candidate when discussing these issues, especially regarding abusive behavior and substance abuse.

#### **Interpersonal Relationships/Job Adjustment**

1. Have you ever been referred to a physician or chaplain due to personal or work-related stress that adversely affected your performance?
2. Have you any history of spousal/child abuse or suicidal behavior?
3. Have you experienced any anxieties or phobias that have caused you to be removed from a particular work environment?

#### **Mental/Physical Health**

1. Have you consulted a civilian health care provider within the past year? *(As appropriate, the medical reviewer should obtain records from the civilian physician.)*
2. Are you currently taking prescription medications? Will the condition affect your ability to perform duties?
3. Have you ever gone before a medical board? *(A copy must be available in the candidate's health record.)*
4. Is there any documented history of psychological or physiological reaction to stress, tension, vascular headaches (recurrent), upper respiratory symptoms, and unstable hypertension? *(Explore any history of emotional problems that would suggest vulnerability to maladaptive stress coping, such as adjustment (situational) disorders, depressive episodes, recurrent anxiety.)*
5. Have you ever been concerned at any time about your emotional health or ability to cope with stress?

6. Have you ever sought psychological counseling by a physician, psychologist, priest, social worker, etc.?
7. Have you threatened suicide or any other self-destructive behavior?
8. Have you ever threatened to hurt another individual?
9. Have you ever experienced persistent irrational fear or phobias such as flying, high places, confined spaces, water, etc.?
10. Do you have a problem with anger, recurrent anger, or controlling anger?

**Substance Abuse**

1. Have you ever consumed alcohol during work hours or come to work hung over, requiring a referral for competency for duty?
2. Have you ever been referred for evaluation for substance abuse?
3. Have you ever been involved in an alcohol-related incident?
4. Have you ever had concern about your drinking pattern or experienced guilt or remorse for behavior that occurred while drinking?
5. Has alcohol ever caused any family, personal, or work difficulties? (*Specifically address driving under the influence (DUIs), fights, quarrels, and tardiness or missing work.*)
6. Do you have a history of drinking excessively?
7. Do you drink early in the day?
8. Has anyone criticized your drinking pattern or advised you to change your drinking pattern?
9. Have you ever-experienced blackouts?

**Interpersonal Relationships**

Was the candidate abused as a child (*physically, emotionally, or sexually*)?

**Documented History of Impulsive Behavior**

1. Is there any evidence of untreated alcohol abuse or alcohol dependence? (*At least 1-year post treatment with an adequate documented recovery program is required prior to accepting orders as a high-risk instructor*).

2. Is there any psychiatric diagnosis of personality disorders? (*Applicable in the case of any psychiatric diagnosis requiring medication or hospitalization unless symptom-free for 1 year and declared fit for full duty by a formal medical board.*)

**RESULTS OF MEDICAL SCREENING**

\_\_\_\_\_  
(Date)

From: OIC, \_\_\_\_\_ Branch Clinic  
To: Commanding Officer, \_\_\_\_\_

Subj: RESULTS OF MEDICAL SCREENING FOR HIGH-RISK INSTRUCTOR  
DUTY ICO: \_\_\_\_\_

The requested screening and interview have been completed.  
Information does/does not indicate that there are potentially  
disqualifying factors in the instructor's medical history. The  
candidate is/is not suitable for high-risk instructor duty.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

### COMMANDING OFFICER'S INTERVIEW GUIDE

The following are suggested topics for the CO's interview. For any issues that are not resolved to your satisfaction during the interview or commented on by the medical reviewer, refer to your health care facility for specialty consult/evaluation. Look for signs of stress or annoyance in the candidate when discussing these issues, especially regarding abusive behavior and substance abuse.

#### Interpersonal Relationships/Job Adjustment

1. Have marital problems, financial problems, or family advocacy issues ever adversely affected your work performance?
2. Have you ever had problems relating to your supervisors?
3. Have you been a supervisor? Are you comfortable in that role? Have you had problems dealing with subordinates?
4. Have you had disciplinary problems or lost your temper in the work place?
5. Do you understand and adhere to guidelines for sexual harassment, core values, and personal discrimination?
6. Have you switched rates or had problems advancing in rate?
7. Have you ever been counseled for fighting, writing bad checks, indebtedness, or unauthorized absence (UA)?
8. Since enlistment/commissioning, have you ever been arrested?

Interpersonal Relationships - (Using information obtained from service records review or interview, address the following areas.)

1. How many times has the candidate been engaged, married, or divorced? (more than twice should raise concern).
2. Does the candidate have broken active duty? If yes, explore the reasons.
3. How many times has the candidate been fired from a job?

4. During broken service, was the candidate unemployed for 6 or more months?

**Documented History Of Impulsive Or Aggressive Behavior.** *(This information may be substantiated by service record review.)*

1. Since entering the Naval Service, has the candidate been involved in two or more fights or physical altercations? If so, these must be thoroughly evaluated. This is especially important if injuries occurred.

2. The candidate must be specifically asked about civilian arrests and asked to provide information. More than one misdemeanor arrest or any felony arrest must be fully evaluated.

3. Has the candidate ever been suspended or expelled from school? More than once may be significant. The interviewer must explore the number of times and the reason. Concern should be raised if this occurred during his or her high school years.

4. Does the candidate do things without thought that get him or her into trouble? *(Examples might include impulsive spending, speeding tickets, going UA or saying things in anger that later have to be retracted).*

5. Is there a documented history of unreliability or has there been a concern about irresponsible behavior?

6. Is there any documented history of recurrent indebtedness, gambling, or misuse of personal funds significant enough to be drawn to command attention?

**NOTE:** When instructor candidate is referred to the local medical facility for a mental health evaluation, it must entail, at the minimum, a standard diagnostic interview conducted by a qualified mental health professional. Hospital corpsmen or other such individuals are not satisfactory for this purpose. Any indicated psychometric testing may be utilized. The mental health professional must report on the SF 513 Medical Record - Consultation Sheet any diagnoses using criteria of DSM-III-R, Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised. A professional opinion must be rendered regarding the psychological suitability of the candidate for the proposed high-risk instructor billet.

<b>Risk Assessment and Management Matrix</b> (Read process procedures in the OPNAVINST 3500.39B before using this matrix) (Department of the Navy Standard)*					
<b>RISK MANAGEMENT MATRIX</b> OPNAVINST 3500.39B		<b>PROBABILITY</b>			
		<b>FREQUENCY OF OCCURRENCE OVER TIME</b>			
<b>EFFECTS OF MISHAP</b>		<b>A</b> Likely	<b>B</b> Probable	<b>C</b> May	<b>D</b> Unlikely
<b>SEVERITY</b>	<b>I</b> Death, Loss of Asset	1	1	2	3
	<b>II</b> Severe Injury, Damage	1	2	3	4
	<b>III</b> Minor Injury, Damage	2	3	4	5
	<b>IV</b> Minimal Threat, Injury, or Damage	3	4	5	5
<b>RISK ASSESSMENT CODES:</b>		1-Critical	2-Serious	3-Moderate	4-Minor    5-Negligible

**Hazard Severity** - The expected consequences of an event in terms of degrees of injury, property damage, or other mission-impairing factors.

**I:** May cause DEATH, LOSS of facility/asset, or MISSION FAILURE.

**II:** May cause SEVERE injury, illness, property DAMAGE, or SIGNIFICANT MISSION DEGRADATION.

**III:** May cause minor injury, illness, property damage, or SOME MISSION DEGRADATION.

**IV:** Minimal threat or little to NO IMPACT on MISSION ACCOMPLISHMENT.

**Hazard Probability** - The likelihood an event will occur.

**A = Likely:** Likely to occur immediately or within a short period of time.

**B = Probable:** Probably will occur in time.

**C = May:** May occur in time.

**D = Unlikely:** Unlikely to occur.

**Risk Assessment Code (RAC)**

1 = Critical

4 = Minor

2 = Serious

5 = Negligible

3 = Moderate

\* Adapted from references (a) and (e).

**Note:** Bold borders in the risk assessment matrix indicate a RAC meeting the threshold for designation as high-risk training. RAC 1, 2 inclusive and RAC 3 in severity levels I and II.